

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 25, 2001 08:00 AM****Secretary of State****DOCUMENT # P99000049176**1. Entity Name
PILOT PROSPERITY, INC.**Principal Place of Business**

4420 BEACON CIRCLE SUITE 100

WEST PALM BEACH
33407

FL

Mailing Address

4420 BEACON CIRCLE SUITE 100

WEST PALM BEACH
33407

FL

2. Principal Place of Business

13861 SAND CRANE DR.

3. Mailing Address

13861 SAND CRANE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GRDNS

FL

City & State

PALM BEACH GRDNS.

FL

Zip
33418

Country

Zip
33418

Country

4. FEI Number**65-0935041**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**DAMON CONRAD ESQ
C/O COONEY WARD LESHER & DAMON PA
4420 BEACON CIRCLE SUITE 100
WEST PALM BEACH
33407 US

FL

7. Name and Address of New Registered Agent

Name

KUSS VIVIAN F

Street Address (P.O. Box Number is Not Acceptable)

PILOT PROSPERITY, INC.

4420 BEACON CIRCLE SUITE 100

City

PALM BEACH GRDNS.

FL

Zip Code
33418

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **VIVIAN F. KUSS****06/25/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	KUSS DONALD	
STREET ADDRESS	1836 SANDCRANE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE	S	<input type="checkbox"/> Delete
NAME	KUSS VIVIAN	
STREET ADDRESS	13861 SANDCRANE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald J. Kuss

P

06/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)