

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90707 021 ***150.00

0114144 AV

DOCUMENT # P99000079841

1. Entity Name

PREP SALES, INC.

Principal Place of Business

Mailing Address

1101 S. MIRAMAR AVE., 3308
 INDIAN LANTIC FL 32903

7777 N. WICKMAN RD. #12
 BOX 555
 MELBOURNE FL 32940

2. Principal Place of Business

3. Mailing Address

911 PARKSIDE PL.

7777 N. WICKMAN RD. #12

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 555



DO NOT WRITE IN THIS SPACE

City & State

INDIAN HARBOR BEACH, FL

City & State

MELBOURNE, FL

4. FEI Number

59-3597725

Applied For

Not Applicable

Zip

32937

Country

BREVARD

Zip

32940

Country

BREVARD

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, JAMES T

**1101 S. MIRAMAR AVE., 3308
 INDIAN LANTIC FL 32903**

Name

JAMES T. HOWARD

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

911 PARKSIDE PL.

City

INDIAN HARBOR BEACH

FL

Zip Code

32937

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

X James T. Howard James T. Howard President 3/22/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HOWARD, JAMES T	
STREET ADDRESS	1101 S. MIRAMAR AVE., 3308	
CITY-ST-ZIP	INDIAN LANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES T. HOWARD	
STREET ADDRESS	911 PARKSIDE PL.	
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED James T. Howard, Pres. 1/19/02 321-427-5813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)