

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000081617

FILED  
Jan 27, 2003  
Secretary of State

Entity Name: PRSE MANAGEMENT INC.

**Current Principal Place of Business:**

10861 75 ST N  
LARGO, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

10861 75 ST N  
LARGO, FL 33777

**New Mailing Address:**

FEI Number: 59-3597919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHARKEY, MAUREEN  
10861 75TH STREET NORTH  
LARGO, FL 33777

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHARKEY, MAUREEN  
Address: 1387 VENTNOR AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD ( ) Delete  
Name: BARKER, PATRICIA  
Address: 730 ROSER PARK DR S  
City-St-Zip: ST PETERSBURG, FL 33701

Title: SD ( ) Delete  
Name: GODIN, THERESA  
Address: 13815 84TH TERR N  
City-St-Zip: SEMINOLE, FL 33776

Title: TD ( ) Delete  
Name: WEIBEL, ROSEANN  
Address: 13815 84TH TERR N  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN SHARKEY

PD

01/27/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date