2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

DOCUMENT # **P99000102625** Jul 28, 2000 8:00 am 1. Entity Name **Secretary of State** PROMETHEUS ASSOCIATES, INC. 07-28-2000 90148 015 ***150.00 Mailing Address Principal Place of Business 2114 MT VERNON STREET 2114 MT VERNON STREET ORLANDO FL 32803 ORLANDO FL 32803 3. Mailing Address 2. Principal Place of Business 1856 POBOX はなるコ Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Swite Applied For 4. FEI Number City & State City & State 360844 Fし winter Not Applicable Country Country \$8.75 Additional VSA USA 5. Certificate of Status Desired 90-1856 32789 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GUMBERT. HAROLD C III** Box Numb 2114 MT VERNON STREET ORLANDO FL 32803 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min, will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS 3*27*4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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



PO Box 1856, Winter Park, FL 32790-1856 407-622-4839 voice, 505-212-1750 fax http://www.mactechnicians.com

7/20/2000

Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Uniform Business Report Second Notice for Prometheus Associates, Inc. Doc# P99000102625

To whom it my concern,

Attached is our \$150 fee for the 2000 Unform Business Report. We regret that we never received the first notice and that we would have replied promptly.

Per the 850-488-9000 help line, we are **enclosing our payment for \$150** with this letter and the 2000 UBR.

Thank you for you assistance,

Harold C. Gumbert, III