

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 14, 2003 8:00 am
Secretary of State

01-21-2003 90089 007 ***150.00

DOCUMENT # P99000106783

1. Entity Name
PROSPERITY REALTY, INC.



Principal Place of Business
51 TAMMAMI TRAIL SOUTH
NAPLES FL 34102

Mailing Address
51 TAMMAMI TRAIL SOUTH
NAPLES FL 34102

BOTH PPB + MA 9/12 51 9th ST. S. 34102-6205

2. Principal Place of Business
51 9th ST. S.

3. Mailing Address
51 9th ST. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number 65-1016361

Applied For
Not Applicable

Zip 34102-6205

Country USA

Zip 34102-6205

Country USA

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

SCHELLING, JEFFERY
800 SEAGATE DR., SUITE 304
NAPLES FL 34103

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
HOGAN, BARBARA J
1038 HILLTOP DRIVE
NAPLES FL 34103 - 3322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (10/02)