

# 2002 UNIFORM BUSINESS REPORT (UBR).

DOCUMENT # M01000000332

1. Entity Name

PROSPECT INFORMATION NETWORK, L.L.C.

Principal Place of Business

501 N. GRANDVIEW AVE.  
DAYTONA BEACH FL 32118

Mailing Address

501 N. GRANDVIEW AVE.  
DAYTONA BEACH FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2083023

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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.

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE *President*  
NAME *David M. Lawson*  
STREET ADDRESS *394 N. Idlewood Ave*  
CITY-ST-ZIP *Ormond Beach FL 32176*

☐ Delete

TITLE *Vice President*  
NAME *Charles Headley*  
STREET ADDRESS *318 Indian Trace Blvd. PMB 256*  
CITY-ST-ZIP *Weston FL 33326*

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*David M. Lawson* President

6-24-02

386-226-8406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CF2E083 (9/01)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-01-2002 90355 030 \*\*\*\*50.00

07-21-2002 90015 046 \*\*\*\*50.00

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DO NOT WRITE IN THIS SPACE