

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053742

1. Entity Name
PROSPECT VENTURES, INC.

Principal Place of Business

333 17TH STREET, SUITE V
VERO BEACH FL 32960

Mailing Address

333 17TH STREET, SUITE V
VERO BEACH FL 32960

2. Principal Place of Business
333 17th Street

3. Mailing Address
333 17th Street

Suite, Apt. #, etc.
Suite U

Suite, Apt. #, etc.
Suite U

City & State
Vero Beach, FL 32960

City & State
Vero Beach, FL 32960

4. FEI Number
59-3657767

Applied For
Not Applicable

Zip 32960 Country USA

Zip 32960 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

MCHUGH, JOHN J JR
333 17TH STREET, SUITE U
VERO BEACH FL 32960

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

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, 2001 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 D
NAME DAVIS, JACK L
STREET ADDRESS 333 17TH STREET, SUITE V
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE D
NAME DAVIS, JACK L.
STREET ADDRESS 333 17th Street, Suite U
CITY-ST-ZIP Vero Beach, FL 32960 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90071 001 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)