

2000 UNIFORM BUSINESS REPORT (UBR)

6/31

FILED
Sep 08, 2000 8:00 am
Secretary of State

06-30-2000 90004 037 ***150.00
 09-08-2000 90038 001 *****8.75
 09-08-2000 90038 002 ***400.00

DOCUMENT # P99000091398

1. Entity Name

PROSPECT GENERATION, INC.

Principal Place of Business

Mailing Address

2553 NORTH ATLANTIC AVENUE #181
 DAYTONA BEACH FL 32118

2553 NORTH ATLANTIC AVENUE #181
 DAYTONA BEACH FL 32118-3203

2. Principal Place of Business

2553 N. Atlantic Ave
 Suite, Apt. #, etc. #181

3. Mailing Address

2553 N. Atlantic Ave
 Suite, Apt. #, etc. #181

City & State

Daytona Beach Fla 32118

City & State

Daytona Beach Fla.

4. FEI Number

52-2240053

Applied For

Not Applicable

Zip

32118

Country

USA

Zip

32118

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

MOORE, THOMAS M
 2553 NORTH ATLANTIC AVENUE #181
 DAYTONA BEACH FL 32118

Name **THOMAS M. Moore**
 Street Address (P.O. Box Number is Not Acceptable)
 31 Greenwood Ave
 City **Ormond Beach** FL Zip Code **32174**

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

Thomas M. Moore

(NOTE: Registered Agent signature required when reinstating)

DATE

6.7.00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State.

10. Election Campaign Financing

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS M. MOORE 31 Greenwood Ave Ormond Beach Fla 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Thomas M. Moore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6.7.00 904-589-6601