


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90176 001 \*\*\*\*70.00

**DOCUMENT # N36919**

1. Entity Name  
**PROJECT RESPONSE, INC.**



Principal Place of Business      Mailing Address

**745 S APOLLO BLVD  
MELBOURNE FL 32901  
US**      **745 S. APOLLO BLVD  
MELBOURNE FL 32901  
US**

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 **59-3036563**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FITZGERALD, MICHAEL  
110 CASSEEKE TRAIL  
MELBOURNE BEACH FL 32951**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | <b>P</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>FITZGERALD, MICHAEL</b>        |  |
| STREET ADDRESS | <b>110 CASSEEKE TRAIL</b>         |  |
| CITY-ST-ZIP    | <b>MELBOURNE BEACH FL 32951</b>   |  |
| TITLE          | <b>VP</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>CARTER, SCOTT</b>              |  |
| STREET ADDRESS | <b>1235 WILKINSON ST</b>          |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32803</b>           |  |
| TITLE          | <b>S</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>DISALVIO, HARRY</b>            |  |
| STREET ADDRESS | <b>641 BLADDOCK ST</b>            |  |
| CITY-ST-ZIP    | <b>SEBASTIAN FL 32958</b>         |  |
| TITLE          | <b>TD</b>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CALDERWOOD, JOE</b>            |  |
| STREET ADDRESS | <b>3455 FLOUNDER CREED RD</b>     |  |
| CITY-ST-ZIP    | <b>MIMS FL</b>                    |  |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>HUTNER, DURGA DAS</b>          |  |
| STREET ADDRESS | <b>1115 S ROSELAND RD UNIT 10</b> |  |
| CITY-ST-ZIP    | <b>SEBASTIAN FL 32958</b>         |  |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>LEATH, MARK</b>                |  |
| STREET ADDRESS | <b>1727 OKEECHOBEE RD</b>         |  |
| CITY-ST-ZIP    | <b>FORT PIERCE FL 34950</b>       |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | <del>Frederick White</del>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          | <b>Director</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>White, Frederick</b>     |  |
| STREET ADDRESS | <b>3209 Virginia Ave</b>    |  |
| CITY-ST-ZIP    | <b>Ft. Pierce, FL 34981</b> |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

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 617, 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: Michael Fitzgerald      **REQUIRED**      4/28/03

CR2E037 (10/02)