

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10893

1. Entity Name

PROJECT RETURN, INC.

Principal Place of Business

304 W WATERS AVE
TAMPA FL 33604

Mailing Address

304 W WATERS AVE
TAMPA FL 33604-2939

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

59-2612753

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZUSMAN, DEBORAH
1304-B WEST WATERS AVE
TAMPA FL 33604

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MORGAN, LARRY
STREET ADDRESS 16312 AVILA BLVD.
CITY-ST-ZIP TAMPA FL 33613

TITLE VD ☐ Delete
NAME SMITH, AARON A
STREET ADDRESS 6601-ORANGEWOOD TER.
CITY-ST-ZIP TAMPA FL 33610

TITLE SD ☐ Delete
NAME STECK, BARBARA
STREET ADDRESS 202 N GRADY AVE
CITY-ST-ZIP TAMPA FL 33609

TITLE MD ☐ Delete
NAME ZUSMAN, DEBORAH
STREET ADDRESS 1304-B WEST WATERS AVE
CITY-ST-ZIP TAMPA FL 33604

TITLE TD ☐ Delete
NAME STONE, RONELLE
STREET ADDRESS 1003 SAGO PALM WAY
CITY-ST-ZIP APOLLO BCH FL 33572

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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: Deborah Zusman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Zusman
Executive Director 1/31/2000 (813) 933-27
Date Daytime Phone #