

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90257 017 ****70.00

DOCUMENT # N10893

1. Entity Name

PROJECT RETURN, INC.

Principal Place of Business

Mailing Address

**304 W WATERS AVE
 TAMPA FL 33604**

**304 W WATERS AVE
 TAMPA FL 33604**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2612753

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name **Mitchels, Natalie**

Street Address (P.O. Box Number is Not Acceptable)
1304-B West Waters Avenue

City **Tampa** FL Zip Code **33604**

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 *Natalie Y. Mitchels, Natalie Y. Mitchels, Executive Director 4/18/2001*
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORGAN, LARRY	
STREET ADDRESS	16312 AVILA BLVD.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, AARON A	
STREET ADDRESS	6601. ORANGEWOOD TER.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STECK, BARBARA	
STREET ADDRESS	202 N GRADY AVE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	ZUSMAN, DEBORAH	
STREET ADDRESS	1304-B WEST WATERS AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STONE, RONELLE	
STREET ADDRESS	1003 SAGO PALM WAY	
CITY-ST-ZIP	APOLLO BCH FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitchels, Natalie	
STREET ADDRESS	1304-B West Waters Avenue	
CITY-ST-ZIP	Tampa, Florida 33604	
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		
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: *Natalie Y. Mitchels, Natalie Y. Mitchels, Executive Director 4/18/01 (813) 930-0576*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (10/00)