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

DOCUMENT # N10893

1. Entity Name

PROJECT RETURN, INC.



FILED Jan 24, 2003 8:00 am Secretary of State 01-24-2003 90106 027 ****70.00

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Type Country Zip Country Zip Country Street Agent Street Address of New Registered Agent Street Agent	Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
MITCHELS, NATALIE 304 WEST WATERS AVE TAMPA FL 33604 8. The above named entity submits this statement for the purpose of changing its registered Agent growther agent and appropriate the collegations of registered agent. 2. Signature File Now: FEE IS \$61.25 9. Election Campaign Financing Agent septiate when neededing 1 to registered agent and 100 in appropriate the neededing 1 to registered Agent growther neededing 1 to PD OFFICERS AND DIRECTORS 1 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 1 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TOWNSEND, PAMELA ONE STREET ADDRESS OFFI-ST-2P TITLE NOW: FEE IS \$61.25 10. OFFICERS AND DIRECTORS 1 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TOWNSEND, PAMELA ONE STREET ADDRESS OFFI-ST-2P TITLE NOW ADDRESS ONE STREET ADDRESS OFFI-ST-2P TAMPA FL 33613 OFFI-ST-2P TAMPA FL 33616	City & State		City & State			4. FEI Number 59-2612753				
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TAMPA FL 33604 City FL Zip Code City FL Zip Co				Street A		Street Address	ss (P.O. Box Number is Not Acceptable)			
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature File Fil										
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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: