

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 816486**

1. Entity Name

PROJECT CONCERN INCORPORATED

Principal Place of Business

**3550 AFTON ROAD
SAN DIEGO CA 92123**

Mailing Address

**3550 AFTON ROAD
SAN DIEGO CA 92123
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

95-2248462

Applied For

Not Applicable

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

**BLACKBURN, A.B. JR.
3030 INDEPENDENT LIFE BLDG.
JACKSONVILLE FL 32202**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOYER, HUGH	
STREET ADDRESS	824 7TH ST NW	
CITY-ST-ZIP	HICKORY NC 28601	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA BURGESS SOLTZ	
STREET ADDRESS	3550 AFTON RD.	
CITY-ST-ZIP	SAN DIEGO, CA 92123	

TITLE	D	<input type="checkbox"/> Delete
NAME	PIAZZA, C. RICHARD	
STREET ADDRESS	3344 N. TORREY PINES CT #10	
CITY-ST-ZIP	LA JOLLA CA 92037	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIAZZA, C. RICHARD	
STREET ADDRESS	3550 AFTON RD.	
CITY-ST-ZIP	SAN DIEGO,	

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON, PAUL B	
STREET ADDRESS	3550 AFTON RD	
CITY-ST-ZIP	SAN DIEGO CA 92123	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, MELINDA	
STREET ADDRESS	3550 AFTON RD	
CITY-ST-ZIP	SAN DIEGO CA 92123	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, MELINDA	
STREET ADDRESS	3550 AFTON RD	
CITY-ST-ZIP	SAN DIEGO, CA 92123	

TITLE	D	<input type="checkbox"/> Delete
NAME	GERBER, ROBERT ESQ	
STREET ADDRESS	801 W. BROADWAY -19TH FLR	
CITY-ST-ZIP	SAN DIEGO CA 92101	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBER, ROBERT ESQ	
STREET ADDRESS	3550 AFTON RD	
CITY-ST-ZIP	SAN DIEGO, CA 92123	

TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, JOHN	
STREET ADDRESS	1314 VISTA DEL MONTE DRIVE	
CITY-ST-ZIP	EL CAJON CA	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JOHN	
STREET ADDRESS	3550 AFTON RD.	
CITY-ST-ZIP	SAN DIEGO, CA 92123	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90058 029 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)