

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002850

1. Entity Name

PROFESSIONAL PROJECT SERVICES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90046 044 ***158.75

Principal Place of Business

1060 COMMERCE PARK DRIVE
SUITE 400
OAK RIDGE TN 37830

Mailing Address

410 NORTH CEDAR BLUFF ROAD
SUITE 102
KNOXVILLE TN 37923

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1661329

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABOURIN, THOMAS D
6501 PARK OF COMMERCE BOULEVARD
SUITE 2000
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC GOSS, L. BARRY 1060 COMMERCE PARK DRIVE SUITE 400 OAK RIDGE TN 37830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARTIN, PAUL W JR. 1060 COMMERCE PARK DRIVE SUITE 400 OAK RIDGE TN 37830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GREEN, KELLEY 1060 COMMERCE PARK DRIVE SUITE 400 OAK RIDGE TN 37830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIS, BILL 3806 FREELS ROAD FRIENDSVILLE TN 37737	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIENKOWSKI, MAREK M 7417 KINGSTON PIKE SUITE 101 KNOXVILLE TN 37919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRINDSTAFF, E. DOUGLAS 6210 BELLE RIVER DRIVE BRENTWOOD TN 37027	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN HOOK, ROBERT I. 102 WELDON LANE OAK RIDGE, TN 37830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SABOURIN, THOMAS D. 6501 PARK OF COMMERCE BLVD, STE. 200 BOCA RATON, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTIN, PAUL W. JR. 908 LAUREL HILL ROAD KNOXVILLE, TN 37923	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

L. Barry Goss PRESIDENT

L. BARRY GOSS

Date

4/23/01 (865) 483-2030

Daytime Phone #

CR2E034 (10/00)