

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K46417

1. Entity Name

PROJECT SCHEDULING SERVICES, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90049 036 \*\*\*158.75

Principal Place of Business

Mailing Address

12794 W FOREST HILL BLVD  
SUITE 14C  
WELLINGTON FL 33414  
US

12794 W FOREST HILL BLVD  
SUITE 14C  
WELLINGTON FL 33414-4757  
US

2. Principal Place of Business

3. Mailing Address

5340 N. FEDERAL HWY

5340 N. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 103

SUITE 103

City & State

City & State

LIGHTHOUSE POINT, FL

LIGHTHOUSE POINT, FL

Zip

Country

Zip

Country

33064

33064



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0090561

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

RUMPH, HAROLD H  
9634 A BOCA GARDENS CIRCLE NORTH  
BOCA RATON FL 33496

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
JOHNSON, ROBERT J.  
2437 FAWN DR  
LOXAHATCHEE FL 33470

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
RUMPH, HAROLD H.  
9634-A BOCA GARDENS CIRCLE, N  
BOCA RATON FL

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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

H. H. RUMPH

1/7/2000

9545705953

Date

Daytime Phone #