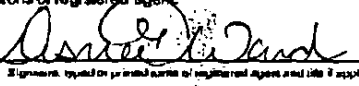


FILED
May 07, 2003 8:00 am
Secretary of State

04-16-2003 90272 006 ****61.25

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

DOCUMENT # N02000007167					
1. Entity Name PROJECT UNITY, INC.					
Principal Place of Business 12041 BEACH BLVD SUITE 5 JACKSONVILLE, FL 32246		Mailing Address 12041 BEACH BLVD SUITE 5 JACKSONVILLE, FL 32246			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 81-0571144	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARD, DESIREE A 4090 HODGES BLVD 413 JACKSONVILLE, FL 32224				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 		Desiree Ward - President		4/21/2003	
I sign as: ☐ Agent ☐ Trustee ☐ Officer ☐ Director		(NOTE: Registered Agents (signature required when electing))		DATE	
FILE NOW! FEES \$51.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	WARD, DESIREE A		NAME	Jenna Wright	
STREET ADDRESS	4090 HODGES BLVD, #413		STREET ADDRESS	9163 Warwickshire Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	VP	☐ Delete	TITLE	S	☐ Change ☒ Addition
NAME	WARD, CLINT A		NAME	Melissa Gillespie	
STREET ADDRESS	4090 HODGES BLVD, #413		STREET ADDRESS	8401 Old State Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	Maitoon, IL 61938	
TITLE		☐ Delete	TITLE	T	☐ Change ☒ Addition
NAME			NAME	Mike Amos	
STREET ADDRESS			STREET ADDRESS	839 Chicopit Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		4/21/2003		904-646-5558	
SIGNATURES AND TITLES OF PRINTED NAMES OF SIGNED OFFICER OR DIRECTOR		Date		Certificate Phone #	

55038395



☒ CHECK HERE IF MAKING CHANGES

0420037 (10/02)