

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90075 019 \*\*\*\*70.00

**DOCUMENT # N36919**

1. Entity Name

**PROJECT RESPONSE, INC.**

Principal Place of Business

Mailing Address

745 S APOLLO BLVD  
 MELBOURNE FL 32901  
 US

745 S. APOLLO BLVD  
 MELBOURNE FL 32901  
 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

**59-3036563**

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

**FITZGERALD, MICHAEL**  
**110 CASSEEKE TRAIL**  
**MELBOURNE BEACH FL 32951**

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 **P** ☐ Delete  
 NAME **FITZGERALD, MICHAEL**  
 STREET ADDRESS **110 CASSEEKE TRAIL**  
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **CARTER, SCOTT**  
 STREET ADDRESS **1235 WILKINSON ST**  
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☒ Delete  
 NAME **BING, FRANK**  
 STREET ADDRESS **11155 ROSELAND RD UNIT 16**  
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Harry DiSalvo**  
 STREET ADDRESS **641 Braddock St**  
 CITY-ST-ZIP **Sebastian, FL 32958**

TITLE **TD** ☐ Delete  
 NAME **CALDERWOOD, JOE**  
 STREET ADDRESS **3455 FLOUNDER CREED RD**  
 CITY-ST-ZIP **MIMS FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **BHAGAVATI, MA JAYA**  
 STREET ADDRESS **1115 ROSELAND ROAD - UNIT 11**  
 CITY-ST-ZIP **SEBASTIAN FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Durga Das Hutner**  
 STREET ADDRESS **11155 Roseland Rd Unit 10**  
 CITY-ST-ZIP **Sebastian FL 32958**

TITLE **D** ☐ Delete  
 NAME **LEATH, MARK**  
 STREET ADDRESS **1727 OKEECHOBEE RD**  
 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*Michael Fitzgerald*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

321-633-2042

CR2E037 (9/01)