

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002112

1. Entity Name

PROJECT S.O.S., INC.

FILED

May 01, 2002 8:00 am
Secretary of State

05-01-2002 91506 035 ****70.00

Principal Place of Business

Mailing Address

13705 BEACH BLVD.
JACKSONVILLE FL 32224

13705 BEACH BLVD.
JACKSONVILLE FL 32224
US

2. Principal Place of Business

6850 Belfort Oaks Place

3. Mailing Address

6850 Belfort Oaks Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3179894

Applied For

Not Applicable

Zip

32216

Country

Duval

Zip

32216

Country

Duval

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

AHERN, FRED L
2215 SOUTH THIRD ST.
SUITE 101
JACKSONVILLE BEACH FL 32250

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 DP ☐ Delete
NAME MULLARKEY, PAM
STREET ADDRESS 4906 DUCK CREEK LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE P/D ☒ Change ☐ Addition
NAME Mullarkey, Pam
STREET ADDRESS 14149 Pine Island Dr.
CITY-ST-ZIP Jacksonville, FL 32224

TITLE D ☐ Delete
NAME ENGMANN, ROLF
STREET ADDRESS 818 HIGHWAY A1A, SUITE 301
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

TITLE SD ☐ Delete
NAME BROWNING, CECILY
STREET ADDRESS 103 BURNING PINE CT
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE S/D ☒ Change ☐ Addition
NAME BROWNING, CECILY
STREET ADDRESS 148 RIVER MARSH DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE VD ☐ Delete
NAME WILSON, ROBIN
STREET ADDRESS 167 N ROSCOE BLVD
CITY-ST-ZIP PONTE VERDE BEACH FL 32082

TITLE D ☒ Change ☐ Addition
NAME WILSON, ROBIN
STREET ADDRESS 167 N. ROSCOE BLVD.
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE D ☒ Delete
NAME CHAPMAN, STAN
STREET ADDRESS 1200 SALT CREEK POINTE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE C/D ☐ Change ☒ Addition
NAME TED BRAUCH
STREET ADDRESS 24541 INDIAN MIDDEN WAY
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE D ☐ Delete
NAME ANDERSON, BRUCE
STREET ADDRESS 440 LOWER 36TH AVE. SO.
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE T/D ☐ Change ☒ Addition
NAME KEN JONES
STREET ADDRESS 101 INDIAN COVE LANE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

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: Pam Mullarkey PAM MULLARKEY, PRESIDENT 4-17-02 904-279-0870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment
Doc. # 950166
N9300000211

11. Separate Attachment to Additions to Officers and Directors

Title: D Addition
Name: Bryan Hickox
Address: 851 N. Market Street
City/St/Zip: Jacksonville, FL 32202

Title: D Addition
Name: William Lax
Address: 11331 Beacon Drive
City/St/Zip: Jacksonville, FL 32225