

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/2/0

FILED

Jun 06, 2000 8:00 am  
Secretary of State

05-02-2000 90139 012 \*\*\*\*70.00

DOCUMENT # N96000004522

1. Entity Name

PROJECT STAND, INC.

Principal Place of Business

2182 MCGREGOR BLVD  
FT MYERS FL 33901  
US

Mailing Address

PO BOX 31  
FT MYERS FL 33928-0031  
US

2. Principal Place of Business

19020 Tangerine Road

3. Mailing Address

P.O. Box 31

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS FL

City & State

ESTERO, FL

Zip

33912

Country

USA

Zip

33928

Country

USA

4. FEI Number

65-0704299

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, ROBERT K JR  
6237-A PRESIDENTAL  
FT MYERS FL 33919

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.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DREWS, DENISE	
STREET ADDRESS	19020 TANGERINE RD.	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELLER, AMY	
STREET ADDRESS	19020 TANGERINE RD	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, DAWN	
STREET ADDRESS	17211 CALOOSA TRACE CIR	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	Amy K. Kiss	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dawn Clark	
STREET ADDRESS	17211 Caloosa Tr. Cir.	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	Vice President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy K. Kiss	
STREET ADDRESS	933 NE 23rd Avenue	
CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-00

(941) 437-1658

CR2E037 (9/99)