

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90523 044 ****61.25

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DOCUMENT # N96000004522

1. Entity Name

PROJECT STAND, INC.



Principal Place of Business

13141 CORBEL CIRCLE
#421
FORT MYERS FL 33907
US

Mailing Address

PO BOX 31
FT MYERS FL 33928
US

2. Principal Place of Business

1860 BOYSCOUT DRIVE

Suite, Apt. #, etc.

208B

3. Mailing Address

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

Zip

Country

USA

Zip

Country

4. FEI Number 65-0704299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DREWS, DENISE	
STREET ADDRESS	13141 CORBEL CIRCLE #421	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLARK, DAWN	
STREET ADDRESS	17211 CALOOSA TRACE CIR	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KISS, AMY K	
STREET ADDRESS	933 NE 23RD AVE	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACKIEWICZ, MONICA	
STREET ADDRESS	525 E. 86TH ST., APT 19BC	
CITY-ST-ZIP	NEW YORK NY 10028	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZOLDAK, MICHELE	
STREET ADDRESS	217 LAKE DRIVE	
CITY-ST-ZIP	EAST HAMPTON CT 06424	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGRAW, ANNETTE	
STREET ADDRESS	13275 WHITEHAVEN LANE #306	
CITY-ST-ZIP	FT MYERS FL 33912	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYATT HENDERSON	
STREET ADDRESS	4426 Bayview St.	
CITY-ST-ZIP	Fort Charlotte FL 33948	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Zoldak	
STREET ADDRESS	217 Lake Drive	
CITY-ST-ZIP	East Hampton, CT 06424	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jason Hopkins	
STREET ADDRESS	3790 Metro Pkwy #216	
CITY-ST-ZIP	Ft Myers, FL 33916	
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		
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 REQUIRED

03-26-03

Date

Daytime Phone #

(239) 437-1658

CR2E037 (10/02)