

2009 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000003882**

1. Entity Name

PROJECT MENTOR, INC.**FILED**
Aug 22, 2000 8:00 am
Secretary of State

08-03-2000 90029 015 ****61.25

Principal Place of Business

**235 CENTRAL AVENUE
ST. PETERSBURG FL 33701**

Mailing Address

**235 CENTRAL AVENUE
ST. PETERSBURG FL 33701**

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

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHEATLY SACINO, SHERRY
235 CENTRAL AVENUE
ST. PETERSBURG FL 33701**

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
After September 13, 2000 min. will be \$236.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	President	Sherry Sacino	235 Central Ave	FL 33701	☐ Delete				☐ Change	☐ Addition
	Vice President	Ron Sacino	235 Central Ave	St. Petersburg, FL 33701	☐ Delete				☐ Change	☐ Addition
	Trustee	Larry Shaver	100 Second Ave South #600	St. Petersburg, FL 33701	☐ Delete				☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition

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 #

(attachment
Doc# N99000003882

107746

27 July, 2000

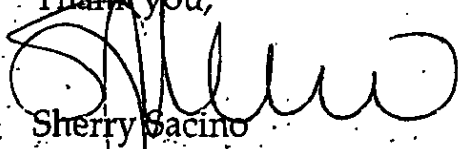
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Within the last few days, I received the second notice of my UBR. Unfortunately, I never received my first notice.

Please accept my payment in full of \$61.25 for my 2000 filing fee.

Thank you,


Sherry Sacino
President
Project Mentor, Inc.

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