

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90096 047 \*\*\*550.00

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**DOCUMENT # P00000075414**

1. Entity Name

**PROJECT MANAGEMENT SOLUTIONS OF SOUTH FLORIDA, NC.**



Principal Place of Business

**2240 PALM BEACH LAKES BOULEVARD  
SUITE 100  
WEST PALM BEACH FL 33409**

Mailing Address

**2240 PALM BEACH LAKES BOULEVARD  
SUITE 100  
WEST PALM BEACH FL 33409**

2. Principal Place of Business

**420 Clematis Street**

3. Mailing Address

**420 Clematis Street**

Suite, Apt. #, etc.

**2nd Floor**

Suite, Apt. #, etc.

**2nd Floor**

City & State

**West Palm Beach**

City & State

**West Palm Beach FL**

Zip

**FL**

Country

Zip

**33401**

Country

4. FEI Number

**65-1023986**

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

**PARKES, EVELYN F CPA  
2240 PALM BEACH LAKES BOULEVARD  
SUITE 100  
WEST PALM BEACH FL 33409**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

**D  
BAUER, WENDIE A  
2240 PALM BEACH LAKES BOULEVARD SUITE 100  
WEST PALM BEACH FL 33409**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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☐ 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 607, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/23/03 561-689-736**

CR2E034 (4/03)