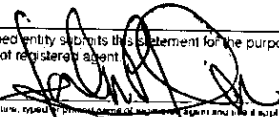
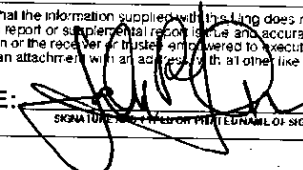


FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90120 045 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114918			
1. Entity Name CORPORATE PROJECT MANAGEMENT, INC.			
Principal Place of Business 20774 EAGLE CREEK CT. BOCA RATON, FL 33498		Mailing Address 20774 EAGLE CREEK CT. BOCA RATON, FL 33498	
2. Principal Place of Business 3971 NW 58TH ST.		3. Mailing Address 3971 NW 58TH ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33496		Zip 33496	
Country USA		Country USA	
4. FEI Number 65-1157072		Applied For Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOMBARI, JOHN P 20774 EAGLE CREEK CT. BOCA RATON, FL 33498		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) 3971 NW 58TH ST. City BOCA RATON FL Zip Code 33496	
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 		DATE 3/16/03	
NOTE: Registered Agent's signature required when replacing.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D TOMBARI, JOHN P 20774 EAGLE CREEK CT. BOCA RATON, FL 33498		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 3971 NW 58TH ST. BOCA RATON, FL 33496		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	
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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 registered agent, and am 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 affidavit; and that I am otherwise empowered.			
SIGNATURE: 		3/16/03 (561) 982-4490	
SIGNATURE OF REGISTERED AGENT OR AUTHORIZED OFFICER OF SIGNING OFFICER OR DIRECTOR		CIVIL PHONE #	