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

90056555

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.
Suite, Apt. #, etc.
City & State: BOCA RATON, FL
Zip: 33496 Country: USA

3. Mailing Address: 3971 NW 58TH ST
Suite, Apt. #, etc.
City & State: BOCA RATON, FL
Zip: 33496 Country: USA

☒ CHECK HERE IF MAKING CHANGES

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 Acceptable): 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 [signature] 3/16/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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.~~ 3971 NW 58TH ST. ~~BOCA RATON, FL 33498~~ BOCA RATON, FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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] 3/16/03 (561) 982-9490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #