

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P02000072383

1. Entity Name

PROJECT CONTROLS MANAGEMENT



03 OCT -7 PM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
886 South Dillard Street

Suite, Apt. #, etc.

3. Mailing Address
886 South Dillard Street

Suite, Apt. #, etc.

City & State
Winter Garden, Florida

City & State
Winter Garden, Florida

4. FEI Number 55-0790705

Applied For
Not Applicable

Zip Country
34787 USA

Zip Country
34787 USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Tukdarian & Unicapher, P.A.

Street Address (P.O. Box Number is Not Acceptable)

228 Hillcrest Street

City Orlando

FL Zip Code
32801

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

Kenneth R. Unicapher
Kenneth R. Unicapher

7/26/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P \ David Riley
1344 Country Ridge Place
Orlando, FL 32835

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
900023454539
10/07/03--01037--024 **191.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP \ Frank Moynihan
6628 Sugarbush Dr
Orlando, FL 32819

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
900023454539
09/30/03--01090--014 **558.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S/T Daniel Radcliff
124 Country Lakes Circle
Groveland, FL 34736

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DO NOT WRITE
IN THIS SPACE**

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel Radcliff
DANIEL RADCLIFF

9-25-2003

407-654-3746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)