

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070714

1. Entity Name
PROJECT ONE SERVICES, INC.

Principal Place of Business Mailing Address
2805 E OAKLAND PARK BLVD. SUITE 161 2805 E OAKLAND PARK BLVD. SUITE 161
FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306

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 65-0858158 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

GATES, CARY
2805 E OAKLAND PARK BLVD, SUITE 161
FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name KELLIE GATES
Street Address (P.O. Box Number is Not Acceptable) 2805 E OAKLAND PK
SUITE 161
City FT. LAUD FL Zip Code 33306

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] DATE 9-03-2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME GATES, CARY
STREET ADDRESS 2805 E OAKLAND PARK BLVD, SUITE 161
CITY-ST-ZIP FT LAUDERDALE FL 33306 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KELLIE GATES ☒ Change ☒ Addition
STREET ADDRESS 2805 E OAKLAND PK SUITE 161
CITY-ST-ZIP FT LAUD, FL, 33306

TITLE VP
NAME CARY GATES ☒ Change ☐ Addition
STREET ADDRESS 2805 E OAKLAND PK SUITE 161
CITY-ST-ZIP FT, LAUD, FL, 33306

TITLE TREASURER
NAME JOE AMAN ☐ Change ☒ Addition
STREET ADDRESS 2805 E OAKLAND PK SUITE 161
CITY-ST-ZIP FT, LAUD, FL, 33306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: [Signature] DATE 9-03-2001 Daytime Phone # 954-523-4462

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90121 001 ***500.00
09-10-2001 90121 002 ****50.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)