FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 15, 2001 8:00 am § Secretary of State DOCUMENT # P9900001417 05-15-2001 90182 046 \*\*\*150.00 PROJECT CONSULTING INTERNATIONAL, INC. Principal Place of Business Mailing Address and a f D A 1105 E GULF BEACH DR 1105 EAST GULF BEACH DR ST GEORGE ISLAND FL 32328 POB 635 ST GEORGE ISLAND FL 32328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 58-2504241 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IGLER & DOUGHERTY, P.A. Street Address (P.O. Box Number is Not Acceptable) 1501 PARK AVENUE EAST TALLAHASSEE FL 32301 City 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE HANKE, FRIDBERT NAME STREET ADDRESS STREET ADDRESS 1105 EAST GULF BEACH DR CITY-ST-ZIP CITY-ST-ZIP ST GEORGE ISLAND FL 32328 TITLE VSD ☐ Delete TITLE Change ☐ Addition MECHTHILD. HERZER NAME NAME STREET ADDRESS STREET ADDRESS 1105 EAST GULF BEACH DR CITY-ST-ZIP CITY-ST-ZIP ST GEORGE ISLAND FL 32328 - Change Addition-Delete TITLE -DUSKE, TAMO NAME NAME STREET ADDRESS 1105 EAST GULF BEACH DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST GEORGE ISLAND FL 32328 TITLE Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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