

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90174 001 \*\*\*400.00  
 07-24-2002 90174 002 \*\*\*150.00

**DOCUMENT # P99000017972**

1. Entity Name  
**PROJECT DEVELOPMENT INC.**

Principal Place of Business

**524 MADISON AVE.  
 ORLANDO FL 32805**

Mailing Address

**524 MADISON AVE.  
 ORLANDO FL 32805**

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 **59-3557447**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANCOIS, MRANR  
 524 MADISON AVE.  
 ORLANDO FL 32805**

Name

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

City

**FL**

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)

DATE

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **FRANCOIS, MRAND**  
 STREET ADDRESS **524 MADISON AVE**  
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **P** ☒ Change ☐ Addition  
 NAME **FRANCOIS, MRANR**  
 STREET ADDRESS **524 MADISON AVE**  
 CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **EVP** ☒ Delete  
 NAME **FRANCOIS, DAVID**  
 STREET ADDRESS **524 MADISON AVE**  
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **VP - Vice President** ☒ Change ☐ Addition  
 NAME **FRANCOIS, S. FILS**  
 STREET ADDRESS **524 Madison Ave**  
 CITY-ST-ZIP **Orlando, FL 32805**

TITLE **EVPS** ☒ Delete  
 NAME **STEVENS, FRANCOIS**  
 STREET ADDRESS **524 MADISON AVE**  
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **VP Operations & Treas.** ☒ Change ☐ Addition  
 NAME **FRANCOIS, VENNIA**  
 STREET ADDRESS **524 madison Ave**  
 CITY-ST-ZIP **Orlando, FL 32805**

TITLE **EVPO** ☐ Delete  
 NAME **FRANCOIS, VENNA**  
 STREET ADDRESS **524 MADISON AVE**  
 CITY-ST-ZIP **ORLANDO FL 32805**

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

TITLE **EVPA** ☒ Delete  
 NAME **FRANCOIS, CLAUDETTE**  
 STREET ADDRESS **524 MADISON AVE**  
 CITY-ST-ZIP **ORLANDO FL 32805**

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

TITLE **EVPP** ☐ Delete  
 NAME **FRANCOIS, S. FILS**  
 STREET ADDRESS **524 MADISON AVE**  
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **Secretary** ☐ Change ☒ Addition  
 NAME **Racael MacWhorter FRANCOIS**  
 STREET ADDRESS **524 madison Ave**  
 CITY-ST-ZIP **ORLANDO, FL 32805**

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 like empowered.

**SIGNATURE:** *Francis Francois*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 423-4527  
 Date Daytime Phone #

CR2E034 (9/01)