## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 7990000036040 FILED Aug 11, 2000 8:00 am Project Management Resources **Secretary of State** 08-11-2000 90095 005 \*\*\*150.00 Principal Place of Business P.O. Box 340568 10021 Kenda Dr. Tampa, FL 33694 Riverview, FL 33569 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number (25-1)913601 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Mary AND GOODrum 10021 Kenda Dr. Street Address (P.O. Box Number is Not Acceptable) Riverview FL 33569 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and little if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Flection Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE Mary ANN Goodram NAME 10021 Kenda Dr. STREET ADDRESS STREET ADDRESS Riverriew, FL 33569 CITY-ST-ZIP CITY-ST-ZIP M/VIS/T ☐ Change Addition TITLE Delete TITLE Kristine Somerville NAME NAME 12852 Big Sur Drive Tanpa, FL 33625 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Project Management Resources

P.O. Box 340568, Tampa, Florida 33694 Phone (813) 677-1925 Fax (813) 677-3985 e-mail magoodrum@pmr-inc.com

August 4, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam,

I requested the annual report form (Uniform Business Report) a few weeks ago and reviewed it immediately upon receiving it.

We were told that an annual report was due when we incorporated, but were unaware of any filing fee, and certainly unaware of any filing penalty.

We are a small two person consulting firm that is still struggling to be successful. We would certainly appreciate any leniency you could provide and assure you that this will not happen again.

Thank you for your consideration.

Sincerely,

Mary Ann Goodrum

President