

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90081 004 \*\*\*150.00

**DOCUMENT # P99000048686**

1. Entity Name

**HORNSBY PROJECT MANAGEMENT SERVICES, INC**

Principal Place of Business

Mailing Address

5555 CURTIS BLVD.  
 COCOA FL 32927

5555 CURTIS BLVD.  
 COCOA FL 32927-2240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0922867

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HORNSBY, RELEIGH T**  
**5555 CURTIS BLVD.**  
**COCOA FL 32927**

7. Name and Address of New Registered Agent

Name

Hornsby, Raleigh T.

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

5555 Curtis Blvd.

City

Cocoa,

FL

Zip Code

32927

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

*Raleigh T. Hornsby*

1 May 2000

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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | HORNSBY, MARY L    |                                 |
| STREET ADDRESS | 5555 CURTIS BLVD.  |                                 |
| CITY-ST-ZIP    | COCOA FL 32927     |                                 |
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | HORNSBY, RELEIGH T |                                 |
| STREET ADDRESS | 5555 CURTIS BLVD.  |                                 |
| CITY-ST-ZIP    | COCOA FL 32927     |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |  |
|----------------|---------------------|--|
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          | D                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Hornsby, Raleigh T. |  |
| STREET ADDRESS | 5555 Curtis Blvd.   |  |
| CITY-ST-ZIP    | Cocoa, Fl. 32927    |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Raleigh T. Hornsby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 2000

Date

Daytime Phone #

321-636-6338