

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90391 050 ***150.00

DOCUMENT # P00000024677

1. Entity Name
APPLIED PROFIT METHODS, INC.

Principal Place of Business Mailing Address
 1621 HOOKED BILL LANE 1621 HOOKED BILL LANE
 ROCKLEDGE FL 32955 ROCKLEDGE FL 32955

2. Principal Place of Business 3. Mailing Address
2812 E. Bearss Ave **3339 Handy Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt. 117

City & State City & State
Tampa, FL **Tampa, FL**

Zip Country Zip Country
33613 **USA** **33618** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3641235 Not Applicable

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

6. Name and Address of Current Registered Agent
MITCHELL, JAMES W
1621 HOOKED BILL LANE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent
 Name **James W. Mitchell**
 Street Address (P.O. Box Number is Not Acceptable)
3339 Handy Rd., Apt. 117
 City **Tampa** FL Zip Code **33618**

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 **JAMES W. MITCHELL** *James W Mitchell* **04-20-2001**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		PRESIDENT / TREASURER / DIRECTOR JAMES W. MITCHELL 3339 Handy Road, Apt. 117 Tampa, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		VICE PRESIDENT / SECRETARY MARIA M. MITCHELL 3339 Handy Road, Apt. 117 Tampa, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James W Mitchell* **JAMES W. MITCHELL** **04/20/01 (813) 866-4665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)