

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91300 025 ***150.00

DOCUMENT # P95000051417

1. Entity Name
PROFIX, INC.

Principal Place of Business

1109 DIPOLMAT DRIVE
J103
DEBARY FL 32713
US

Mailing Address

1109 DIPOLMAT DRIVE
J103
DEBARY FL 32713
US

2. Principal Place of Business

PO Box 5667

3. Mailing Address

PO Box 5667

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deltona FL

City & State

Deltona FL

Zip

32725

Country

USA

Zip

32725

Country

USA

6. Name and Address of Current Registered Agent

ARMSTRONG, DENNIS R
1109 DIPLOMAT DRIVE
J103
DEBARY FL 32713

7. Name and Address of New Registered Agent

Name

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

376 Providence Blvd

City

Deltona

FL

Zip Code

32725

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

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ARMSTRONG, DENNIS R | |
| STREET ADDRESS | 1109 DIPLOMAT DRIVE | |
| CITY-ST-ZIP | DEBARY FL 32713 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GREENFIELD, DEBORAH | |
| STREET ADDRESS | 1109 DIPLOMAT DRIVE | |
| CITY-ST-ZIP | DEBARY FL 32713 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PO Box 5667 | |
| STREET ADDRESS | Deltona FL 32728 | |
| CITY-ST-ZIP | ST/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | PO Box 5667 | |
| NAME | Deltona FL 32728 | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | | |
| 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis Armstrong
4-29-2002
3866680866

Date

Daytime Phone #

CP2E034 (9/01)