

**2000 UNIFORM BUSINESS REPORT (UBR)**

4

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90084 010 \*\*\*150.00

**DOCUMENT # P99000019844**

1. Entity Name  
**PROFIT SYSTEMS, INC.**

Principal Place of Business      Mailing Address  
**333 GIVENS ST.**                              **333 GIVENS ST.**  
**SARASOTA FL 34242**                              **SARASOTA FL 34242-1342**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		FEI Number <b>65-0921498</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	
Zip		Country		Zip		Country	

6. Name and Address of Current Registered Agent  <b>ABEL, WILLIAM T ESQUIRE</b> <b>333 GIVENS ST.</b> <b>SARASOTA FL 34242</b>				7. Name and Address of New Registered Agent Name <b>Mary Beth T. Abel</b> Street Address (P.O. Box Number is Not Acceptable) <b>333 Givens St.</b> City <b>Sarasota</b> FL Zip Code <b>34242</b>			
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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 Mary Beth T. Abel      DATE 5.11.00  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mary Beth T. Abel</b>		NAME		
STREET ADDRESS	<b>333 Givens St.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Sarasota FL 34242</b>		CITY-ST-ZIP		
TITLE	<b>COO</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Elizabeth Gaudin</b>		NAME		
STREET ADDRESS	<b>1728 Festival Pkwy. So.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Sarasota, FL 34231</b>		CITY-ST-ZIP		
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert B. Abel</b>		NAME		
STREET ADDRESS	<b>333 Givens St.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>		CITY-ST-ZIP		
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lawrence Gaudin</b>		NAME		
STREET ADDRESS	<b>1728 Festival Pkwy.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Mary Beth T. Abel      Date 4.19.00      Daytime Phone # 941-346-9513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)