

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 NOV 13 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000111208

1. Entity Name
PROFIT BUILDERS CONSULTING, INC.

Principal Place of Business
**2228 KUMQUAT DRIVE
EDGEWATER FL 32141**

Mailing Address
**2228 KUMQUAT DRIVE
EDGEWATER FL 32141**

2. Principal Place of Business
735 HUNT CLUB TRAIL

3. Mailing Address
735 HUNT CLUB TRAIL

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PORT ORANGE FL

City & State
PORT ORANGE FL

4. FEI Number Applied For Not Applicable

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

Country
YOLUSIA

Country
YOLUSIA

6. Name and Address of Current Registered Agent
**FRYE, STEVEN R
2228 KUMQUAT DRIVE
EDGEWATER FL 32141**

7. Name and Address of New Registered Agent
Name **STEVEN R FRYE**
Street Address (P.O. Box Number is Not Acceptable) **0420 LONGLAKE DRIVE**
City **PORT ORANGE FL** Zip Code **32124**

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 *Steven R Frye*
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D FRYE, STEVEN R 2228 KUMQUAT DRIVE EDGEWATER FL 32141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STEVEN R FRYE 0420 LONGLAKE DRIVE PORT ORANGE, FL 32124
			VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JEFFREY LA CHANCE 31 PULPIT ROCK RD. CHESTER NH 03036
			SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DEANNE ECKERT 735 HUNT CLUB TRAIL PORT ORANGE, FL 32127
			REINSTATEMENT 2000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003488551-6 -12/06/00--01009--002 ****750.00 ****750.00

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* **9/1/00** **904-788-8883**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)