

**2001 UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04-05-2001 90452 051 \*\*\*150.00  
01 MAY 21 PM 4:10

DOCUMENT # **P99000111208**

1. Entity Name  
**Profit Builders Consulting Inc.**

Principal Place of Business  
**735 HUNT CLUB TRAIL  
PORT ORANGE, FL 32127**

Mailing Address  
**SAME**

**68170**

2. Principal Place of Business  
**735 HUNT CLUB TRAIL**

3. Mailing Address  
**SAME**

DO NOT WRITE IN THIS SPACE

City & State  
**PORT ORANGE FL**

City & State  
**SAME**

4. FEI Number  
**411394958**

Zip  
**32127**

Country  
**YDULSIA**

Zip

Country

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

6. Name and Address of Current Registered Agent  
**STEVEN R. FRYE  
6426 LONGLAKE DRIVE  
PORT ORANGE, FL 32124**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity executes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE **Steven R. Frye** **STEVEN R. FRYE (PRESIDENT)** **3/10/01**

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**  
**APRIL 15, 2001 FEE WILL BE \$300.00**  
**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 <b>VP</b>	NAME <b>JEFF LACHANCE</b>	STREET ADDRESS <b>31 AULPIT ROCK RD</b>	CITY-ST-ZIP <b>CHESTER, NH 03036</b>	<input checked="" type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>VP</b>	NAME <b>Ray Eckert</b>	STREET ADDRESS <b>735 HUNT CLUB TRAIL</b>	CITY-ST-ZIP <b>PORT ORANGE FL 32127</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>P</b>	NAME <b>Steven R. Frye</b>	STREET ADDRESS <b>6426 Longlake Drive</b>	CITY-ST-ZIP <b>PORT ORANGE, FL 32124</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>S</b>	NAME <b>Eckert Deanne</b>	STREET ADDRESS <b>735 Hunt Club Trail</b>	CITY-ST-ZIP <b>Port Orange, FL 32127</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**Ray Eckert gave authorization by phone 5/21/01 to add Deanne Eckert. 5/21**

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: **Steven R. Frye** **STEVEN R. FRYE (PRESIDENT)** **3/10/01** **904-788-8335**