

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000075199**1. Entity Name
PEOPLE B-4 PROFIT INC.

Principal Place of Business	Mailing Address
157 CAY WEST WAY	157 CAY WEST WAY
PONTE VEDRA FL 32082	PONTE VEDRA FL 32082

2. Principal Place of Business	3. Mailing Address
3680 MARSH PARK COURT	157 CAY WEST WAY

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State
JACKSONVILLE BEACH FL	PONTE VEDRA FL

Zip	Country	Zip	Country
323225		32250	

4. FEI Number	Applied For
	☒ Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WATT BRUCE N
157 CAY WEST WAY

PONTE VEDRA FL
32082

7. Name and Address of New Registered Agent

Name
WATT BRUCE N
Street Address (P.O. Box Number is Not Acceptable)
3680 MARSH PARK COURT

City
JACKSONVILLE BEACH FL Zip Code
32250

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 **BRUCE N. WATT****04/04/2001**

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**

TITLE	P	☐ Delete
NAME	WATT BRUCE N	
STREET ADDRESS	157 CAY WEST WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☒ Change ☐ Addition
NAME	WATT BRUCE N	
STREET ADDRESS	3680 MARSH PARK COURT	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: Bruce N. Watt

P

04/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)