2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P97000010035

Mailing Address 1241 SW RTH ST

1. Entity Name

PROFILE ONE, INC.

Principal Place of Business



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90091 023 ***150.00

BOCA RATON FL 33486 B		BOCA RATON FL 33486 US 3. Mailing Address				
						Suite, Apt. #, etc.
City & State		City & State		4. FEI Number 65-0725364	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired [\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
AMANN, LOUISE M 461 NE 42ND STREET BOCA RATON FL 33431 8. The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent.			City	s (P.O. Box Number is Not Acceptable)	FL Zip Code	
SIGNATURE Signature, typ	ped or printed name of registered agent and title	if applicable. (NOTE:	: Registered Agent signature requ	uired when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			,	Election Campaign Financ Trust Fund Contribution.	Added to Fees	
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 11	
TITLE PTD MANAS	EK, BEN W 8TH ST	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	

CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

12. 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 10 or Block 11 if with all other like empowered changed, or on an attachment with an addre

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

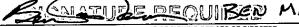
CITY-ST-ZIP

BOCA RATON FL 33486

BOCA RATON FL 33486

MANASEK, JAN

1241 SW 8TH ST



☐ Change

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Addition