

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 605902

i. Entity Name

PROFIT MOTIVATING IDEAS, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90123 007 ***150.00

Principal Place of Business
 255 N. ORANGE BL. TR.
 WINDERMERE FL 34744

Mailing Address
 PO BOX 450008
 KISSIMMEE FL 34745-0008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 5051 Isleworth CC Drive
 Suite, Apt. #, etc.
 Windermere, Florida 34786
 City & State

3. Mailing Address
 5051 Isleworth CC Drive
 Suite, Apt. #, etc.
 Windermere, Florida 34786
 City & State

Zip 34786 Country USA

6. Name and Address of Current Registered Agent
 ROADSEN, RANDI
 5051 ISLEWORTH CC DR
 WINDERMERE FL 34786

4. FEI Number 59-1938285

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

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 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (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)

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	PD	BECERRA, JOAQUIN T. 2575 N ORANGE BLOSSOM TR KISSIMMEE FL 34744			

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.

SIGNATURE _____ **JOAQUIN T. BECERRA** **4-17-2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #