

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90008 022 ***150.00

DOCUMENT # F99000000242

1. Entity Name
PROFIT LINE INC.

Principal Place of Business

Mailing Address

~~85 N. EDISON WAY~~
~~STE 5~~
~~RENO NV 89502~~

~~85 N. EDISON WAY~~
~~STE 5~~
~~RENO NV 89502~~

2. Principal Place of Business

3. Mailing Address

2275 CORPORATE CIRCLE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

250

City & State

HENDERSON NV

City & State

Zip

89014

Country

USA

Zip

Country

4. FEI Number **88-0410736**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **OPT PRESIDENT & TREASURER** ☐ Delete
 NAME **MUHLHAUSER, RICHARD**
 STREET ADDRESS **1575 DELUCCHI LANE SUITE 215 ABOVE**
 CITY-ST-ZIP **RENO NV 89502**

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

TITLE **VS SECRETARY** ☐ Delete
 NAME **MUHLHAUSER, BARBARA**
 STREET ADDRESS **1575 DELUCCHI LANE SUITE 215 ABOVE**
 CITY-ST-ZIP **RENO NV 89502**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 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: **Richard Muhlhauser** **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01 (800) 720 8562 x203

Date

Daytime Phone #

CR2E034 (10/00)