

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90255 037 ***150.00

DOCUMENT # L73299

1. Entity Name
PROFILE EAST, INC.

Principal Place of Business

4405 VINELAND RD.
STE C-11
ORLANDO FL 32811
US

Mailing Address

3331 S. KIRKMAN RD.
519
ORLANDO FL 32811
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2817 LAZLO LANE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32837

Country

ORANGE

4. FEI Number

65-0230200

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

ZERFAS, DAVID C
3331 S. KIRKMAN RD.
519
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2817 LAZLO LANE

City

ORLANDO

FL

Zip Code

32837

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, 2002 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 VP ☐ Delete
NAME ZERFAS, DEBRA
STREET ADDRESS 3331 S. KIRKMAN RD., 519
CITY-ST-ZIP ORLANDO FL 32811

TITLE P ☐ Delete
NAME ZERFAS, DAVID C
STREET ADDRESS 3331 S. KIRKMAN RD., 519
CITY-ST-ZIP ORLANDO FL 32811

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

☒ Change ☐ Addition
TITLE
NAME 2817 LAZLO LANE
STREET ADDRESS ORLANDO, FL 32837
CITY-ST-ZIP

☒ Change ☐ Addition
TITLE
NAME 2817 LAZLO LANE
STREET ADDRESS ORLANDO, FL 32837
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☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEBRA ZERFAS, VP

4/11/02 707-852-6683

CR2E034 (9/01)