

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90060 049 ***158.75

DOCUMENT # P01000052191

1. Entity Name
PROFIT ENHANCING, INC.

Principal Place of Business
27 OCEAN PINES DR.
ST. AUGUSTINE FL 32080

Mailing Address
27 OCEAN PINES DR.
ST. AUGUSTINE FL 32080



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
HOME

3. Mailing Address
27 OCEAN PINES DR.

City & State
ST. Augustine FL

City & State
ST. Augustine FL

4. FEI Number
03-0379088 ☒ Applied For
☐ Not Applicable

Zip Country
32080 USA

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

6. Name and Address of Current Registered Agent
VILA, MACK S
27 OCEAN PINES DR.
ST. AUGUSTINE FL 32080

7. Name and Address of New Registered Agent
 Name **VILA, MARTA L.**
 Street Address (P.O. Box Number is Not Acceptable)
27 OCEAN PINES DR.
 City **St. Augustine** **FL** Zip Code **32080**

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 **Mack S. Vila** DATE **4/18/02**
Signature, typed or printed name of registered agent and title if applicable. (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)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD VILA, MACK S 27 OCEAN PINES DR. ST. AUGUSTINE FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Mack S. Vila** **REQUIRED** DATE **4/18/02** (904) 471-0462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)