

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90053 020 ***150.00

DOCUMENT # P02000124876

1. Entity Name
PROFITABLE SOLUTIONS EXECUTIVE SEARCH, INC.



Principal Place of Business
11299 BIENVENIDA WAY
SUITE 101
FORT MYERS FL 33908

Mailing Address
11299 BIENVENIDA WAY
SUITE 101
FORT MYERS FL 33908

2. Principal Place of Business
16970-C San Carlos Blvd.

3. Mailing Address
← SAME

Suite, Apt. #, etc.
Suite 220

Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State

Zip
33908

Country
Lee

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RAINES, SUSAN B
11299 BIENVENIDA WAY
SUITE 101
FORT MYERS FL 33908

** married - name changed*

7. Name and Address of New Registered Agent

Name
Susan B. Proffitt

Street Address (P.O. Box Number is Not Acceptable)
16970-C San Carlos Blvd

Suite 220

City
Ft Myers

FL

Zip Code
33908

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Susan B Proffitt*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 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

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PSTD	RAINES, SUSAN B	11299 BIENVENIDA WAY #101	FORT MYERS FL 33908
	V. President	Randall S. Proffitt	230 Mohawk Trail
		Wayne, NJ	07470

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Pres. / CEO	Susan B. Proffitt	16970-C San Carlos Blvd.	Ft Myers, FL 33908
Vice President	Randall S. Proffitt	230 Mohawk Trail	Wayne, NJ 07470

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan B Proffitt*

2-4-03 239-985-0882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Department of Health Vital Statistics

**STATE OF FLORIDA
MARRIAGE RECORD**

TYPE IN UPPER CASE
USE BLACK INK

This license is a legal document of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

80023731

F2002-7669

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) RANDALL STEVEN PROFFITT			2. DATE OF BIRTH (Month, Day, Year) 07/09/1945
3a. RESIDENCE - CITY, TOWN, OR LOCATION WAYNE	3b. COUNTY PASSIAC	3c. STATE NEW JERSEY	4. BIRTHPLACE (State or Foreign Country) IOWA
5a. BRIDE'S NAME (First, Middle, Last) SUSAN BOUTWELL RAINES			5b. MAIDEN SURNAME (if different) BOUTWELL
7a. RESIDENCE - CITY, TOWN, OR LOCATION FT MYERS	7b. COUNTY LEE	7c. STATE FLORIDA	6. DATE OF BIRTH (Month, Day, Year) 10/10/1955
			8. BIRTHPLACE (State or Foreign Country) NORTH CAROLINA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>[Signature]</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 11/27/2002
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>[Signature]</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 11/27/2002
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA, AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE LEE	18. DATE LICENSE ISSUED 11/27/2002	18a. DATE LICENSE EFFECTIVE 11/30/2002	19. EXPIRATION DATE 01/29/2003
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE CHARLIE GREEN CLERK OF THE COURT	20c. BY D.C. GD

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) JANUARY 2, 2003	22. CITY, TOWN, OR LOCATION OF MARRIAGE FT. MYERS FLORIDA
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23c. ADDRESS (Of person performing ceremony) 1950 COURTNEY DR. #2, FT. MYERS, FL 33908
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) DAVID G. KELLEY FORTH UNITED METHOD. CH. FT. MYERS FLA 33908	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER 346-36-7592	27. RACE White	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 28a, 28b, and 29c:		
				28a. NO. OF THIS MARRIAGE 3	28b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	28c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 05/04/2000
BRIDE	30. SOCIAL SECURITY NUMBER 575-68-4807	31. RACE White	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c:		
				33a. NO. OF THIS MARRIAGE 4	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 11/17/2000