

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90113 026 \*\*\*150.00

**DOCUMENT # P93000023109**

1. Entity Name

**INCREASE PROFIT, INC.**

Principal Place of Business

1275 S PATRICK DR  
STE N-2  
SATELLITE BEACH FL 32937  
US

Mailing Address

732 NICKLAUS DR  
MELBOURNE FL 32940  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3177946**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PST SANDERS, MARIE F 732 NICKLAUS DR MELBOURNE FL 32940	<input type="checkbox"/>		<input type="checkbox"/>
D SANDERS, ROBERT J. 732 NICKLAUS DR MELBOURNE FL 32940	<input type="checkbox"/>	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DST RIOS, EDELHIRO 3216 VISTA OAKS CIR PALM BAY FL 32905	<input checked="" type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DVP ALLEN, JEFFREY 2904 KARUNDA ST TITUSVILLE FL 32796	<input checked="" type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
S WONTORSKI, MITCHEL 709 BREMERHAVEN ST. NW PALM BAY FL 32907	<input checked="" type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert J. Sanders  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/16/01  
Date321-242-0777  
Daytime Phone #

CR2E034 (10/00)