

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90230 040 ***150.00

DOCUMENT # P93000082992

1. Entity Name

PROFITABLE MANAGEMENT SERVICES, INC.

Principal Place of Business

5604 S RIDGEWOOD AVE
 PONCE INLET FL 32127
 US

Mailing Address

5604 S RIDGEWOOD AVE
 PO BOX 290969
 PONCE INLET FL 32127
 US

2. Principal Place of Business

5889 Airport Rd
 Suite, Apt. #, etc.
 Ste 1303

3. Mailing Address

P.O. Box 290969
 Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Port Orange, FL

Zip

32124

Country

USA

Zip

32129

Country

US

6. Name and Address of Current Registered Agent

OSSINSKY, MARC P
 210 N WYMORE ROAD
 WINTER PARK FL 32789

4. FEI Number

59-3221107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

TITLE **D** ☐ Delete
 NAME **PEACOCK, MYRTICE L**
 STREET ADDRESS **4525 S ATLANTIC AVE #1301**
 CITY-ST-ZIP **DAYTONA BEACH FL 32127**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ 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:

Myrtice L Peacock
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
 Date

386 788 3117
 Daytime Phone #

CR2E034 (10/00)

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