

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000006014

1. Entity Name
PROFILE PRODUCTS OF LAKE LAND, INC.

Principal Place of Business

8832 HIGHWAY 98 NORTH
LAKE LAND FL 33809

Mailing Address

4732 HWY 98 N
LAKE LAND FL 33809
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

8832 U.S. HWY 98 N.

Suite, Apt. #, etc.

City & State

LAKE LAND FL 33809

Zip

33809

Country

US

6. Name and Address of Current Registered Agent

CRAWFORD, WALTER W JR
8832 HIGHWAY 98 NORTH
LAKE LAND FL 33809

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	<input type="checkbox"/> Delete
NAME	CRAWFORD, WALTER W JR	
STREET ADDRESS	8832 HIGHWAY 98 NORTH	
CITY-ST-ZIP	LAKE LAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, WALTER W SR	
STREET ADDRESS	8832 HIGHWAY 98 NORTH	
CITY-ST-ZIP	LAKE LAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, SHIRLEY E	
STREET ADDRESS	8832 HIGHWAY 98 NORTH	
CITY-ST-ZIP	LAKE LAND FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90225 017 ***150.00

00000004



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3215099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

4-10-01 863-853-3908