

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90120 049 \*\*\*150.00

**DOCUMENT # P94000035407**

1. Entity Name  
**PATHWAYS TO PROFIT, INC.**



Principal Place of Business  
**100 W CYPRESS CREEK  
#320  
PARKLAND FL 33067  
US**

Mailing Address  
**6711 E. CYPRESSHEAD DR  
PARKLAND FL 33067  
US**

10000001



*CORRECTIONS*

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**100 W Cypress Creek Rd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 820**

City & State  
**FT LAUD FL**

City & State

4. FEI Number **65-0515662**

Applied For

Not Applicable

Zip **33309**

Country **USA**

Zip

Country

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

**PATRICK T. PARKER  
6711 E. CYPRESSHEAD DR  
PARKLAND FL 33067**

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

SIGNATURE \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete  
NAME **PARKER, PATRICK T**  
STREET ADDRESS **6711 E. CYPRESSHEAD DR**  
CITY-ST-ZIP **PARKLAND FL 33067**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:** *PATRICK T. PARKER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/1/03** Daytime Phone # **9542555544**

CR2E034 (10/02)