

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062048

1. Entity Name
PROFILE OPTICS, INC.

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90010 014 ***550.00

Principal Place of Business
2711 PARK WINDSOR DRIVE
#305
FT. MYERS FL 33901
US

Mailing Address
2711 PARK WINDSOR DRIVE
#305
FT. MYERS FL 33901
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0519904

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

HOERBELT, RICHARD W
2711 PARK WINDSOR DRIVE
FT MYERS FL 33901

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.

(NOT: 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
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

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

D
HOERBELT, RICHARD H
1600 GULF BLVD #1111
CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

HOERBELT RICHARD ☒ Change ☐ Addition
16317 ASHINGTON PARK DR.
TAMPA, FL 33642

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ 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 is 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

5/30/01

Date

Daytime Phone #

CR2E034 (10/00)