

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90238 044 ***158.75

DOCUMENT # P95000011979
1. Entity Name
Profit Partners International, Inc.

002807

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1540 Kingsley Ave.
Suite, Apt. #, etc.

3. Mailing Address
1540 Kingsley Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orange Park FL

City & State
Orange Park FL

4. FEI Number
593295285 Applied For
Not Applicable

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

Zip
32073 Country
USA Zip
32073 Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Kevin E. Shields

Street Address (P.O. Box Number is Not Acceptable)
618 Hibernia Oaks Drive

City Green Cove Springs, FL Zip Code
32043

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] Kevin E Shields 4/30/02
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.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Brock Young</u> <u>2318 Silver oak CT</u> <u>Orange Park FL 32003</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.P. FINANCE</u> <u>THOMAS V. TYSON</u> <u>1704 BROAD WATER COURT</u> <u>ORANGE PARK, FL 32003</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.P. DSD OPERATIONS</u> <u>KEVIN E. SHIELDS</u> <u>618 HIBERNIA OAKS DRIVE</u> <u>GREEN COVE SPRINGS, FL 32043</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP Information Technologies</u> <u>Thomas J Fitzmartin</u> <u>110 Rusk Ct.</u> <u>Celebration FL 34747</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP Operations</u> <u>Robert Hamlett</u> <u>2283 Southbrook Dr.</u> <u>Orange Park, FL 32003</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas J Fitzmartin Thomas J Fitzmartin 4 30 02 904 269 1142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #