

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90271 001 ***158.75

DOCUMENT # P95000011979

1. Entity Name

PROFIT PARTNERS INTERNATIONAL, INC.



Principal Place of Business

1540 KINGSLEY AVE
ORANGE PARK FL 32073

Mailing Address

1540 KINGSLEY AVE
ORANGE PARK FL 32073

2. Principal Place of Business

1057 ELLIS Rd. N.

3. Mailing Address

1057 ELLIS Rd. N.

Suite, Apt. #, etc.

16

Suite, Apt. #, etc.

16

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32254

Country

DUVAL

Zip

32254

Country

DUVAL

4. FEI Number

59-3295285

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SHIELDS, KEVIN
618 HIBERNIA OAKS DR
GREEN COVE SPRINGS FL 32043

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE P ☐ Delete

NAME YOUNG, BROCK
STREET ADDRESS 2318 SILVER OAK CT
CITY-ST-ZIP ORANGE PARK FL 32003

TITLE VPF ☐ Delete

NAME TYSON, THOMAS V
STREET ADDRESS 1704 BROAD WATER COURT
CITY-ST-ZIP ORANGE PARK FL 32003

TITLE VDSD ☐ Delete

NAME SHIELDS, KEVIN E
STREET ADDRESS 618 HIBERNIA OAKS DR
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE VIT ☐ Delete

NAME FITZMARTIN, THOMAS J
STREET ADDRESS 1110 RUSH CT
CITY-ST-ZIP CELEBRATION FL 34747

TITLE VO ☒ Delete

NAME HAMLETT, ROBERT
STREET ADDRESS 2283 SOUTHBROOK DR
CITY-ST-ZIP ORANGE PARK FL 32003

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/CEO/D ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T/CFO/D ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/COO/D ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/CTO/CMO/D ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition

NAME
STREET ADDRESS 1331 LE PARC TR.
CITY-ST-ZIP CHARLOTTESVILLE, VA 22901

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)