

2001 UNIFORM BUSINESS REPORT (UBR)

0578415

DOCUMENT # P97000013160

1. Entity Name
PROFIT TECHNOLOGIES CORPORATION

FILED
01 MAY -7 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1231 SCANDIA TERRACE
OVIEDO FL 32765

Mailing Address
P.O. BOX 4787
WINTER PARK FL 32793-4787



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
209 DELBURN ST
Suite, Apt. #, etc.
SUITE 206
City & State
DAVIDSON NC
Zip
28036
Country
USA

3. Mailing Address
209 DELBURN ST
Suite, Apt. #, etc.
SUITE 206
City & State
DAVIDSON NC
Zip
28036
Country
USA

4. FEI Number **56-1502664** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CICERELLE, JOHN JR.
1231 SCANDIA TERRACE
OVIEDO FL 32765

7. Name and Address of New Registered Agent
Name
CORPORATION SERVICES CO
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYES ST
City
TALLAHASSEE FL Zip Code
32301

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 BRIAN COURTNEY, ASST. V.P. DATE 5/7/01

Signature typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating.

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 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	PD	<input type="checkbox"/> Delete
NAME	CICERELEE, JOHN JR	
STREET ADDRESS	P.O. BOX 4787 N/A	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE	STDV	<input type="checkbox"/> Delete
NAME	MCKEE, GEORGE C JR	
STREET ADDRESS	P.O. BOX 159 N/A	
CITY-ST-ZIP	CORNELIUS NC 28034	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCKEE, CHRISTOPHER B	
STREET ADDRESS	P.O. BOX 159 N/A	
CITY-ST-ZIP	CORNELIUS NC 28034	
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	700004217027--7	
STREET ADDRESS	-05/15/01--01057--023	
CITY-ST-ZIP	****400.00 ****400.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700004217027--7	
STREET ADDRESS	-05/15/01--01057--024	
CITY-ST-ZIP	****150.00 ****150.00	
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 no 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: 4-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)