

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023256

1. Entity Name

PROFIT TECHNOLOGIES ENTERPRISES, INC.

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90105 011 ***550.00

Principal Place of Business

1231 SCANDIA TERRACE
OVIEDO FL 32765

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIDSON NC

Zip

Country

Zip

Country

28036

4. FEI Number

56-1903562

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

CICERELLE, JOHN JR
1231 SCANDIA TERRACE
OVIEDO FL 32765

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYES STREET

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

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

BRIAN COURTNEY, ASST. V.P.

(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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MCKEE, GEORGE C JR
STREET ADDRESS PO BOX 159 (N/A)
CITY-ST-ZIP CORNELIUS NC 28031

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

TITLE STD ☐ Delete
NAME MCKEE, CHRISTOPHER B
STREET ADDRESS PO BOX 159 (N/A)
CITY-ST-ZIP CORNELIUS NC 28031

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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 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

6-2-00

Date

Daytime Phone #

CR2E034 (9/99)