

# 2001 UNIFORM BUSINESS REPORT (UBR)

0578417

DOCUMENT # P97000023256

1. Entity Name  
PROFIT TECHNOLOGIES ENTERPRISES, INC.

FILED

01 MAY -7 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~1231 SCANDIA TERRACE~~  
~~OWIEDO FL 32765~~

Mailing Address  
~~P.O. BOX 4787~~  
~~WINTER PARK FL 32789-4787~~



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	
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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  
~~CICERELLE, JOHN JR~~  
~~1231 SCANDIA TERRACE~~  
~~OWIEDO FL 32765~~

7. Name and Address of New Registered Agent  
Name  
CORPORATION SERVICES COMPANY  
Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS 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. VP. 5/7/01  
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. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKEE, GEORGE C JR PO BOX 159 (P.O. BOX) 4479 CORNELIUS NC 28034 DAVIDSON NC 28036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCKEE, CHRISTOPHER B PO BOX 159 (P.O. BOX) 4479 CORNELIUS NC 28034 DAVIDSON NC 28036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O BOX 4479 DAVIDSON, NC 28036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O BOX 4479 DAVIDSON, NC 28036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004217043--8 -05/15/01--01057--027 ****400.00 ****400.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004217043--8 -05/15/01--01057--028 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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-a  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)