

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076268

1. Entity Name
PROFILE USA, INC.

Principal Place of Business

3920 MILWAUKEE AVE
W MELBOURNE FL 32904
US

Mailing Address

3920 MILWAUKEE AVE
W MELBOURNE FL 32904
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 120004

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32912

Country

USA

4. FEI Number

59-3470706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMKINS, STANLEY
3920 MILWAUKEE AVE
W MELBOURNE FL 32904

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.

SIGNATURE

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 ☐ Delete

PST
SIMKINS, STANLEY
3920 MILWAUKEE AVE
W MELBOURNE FL 32904

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 REQUIRED

1/7/02

(321) 725-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90027 016 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)