

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037886

1. Entity Name

PROFIT COUNSELORS, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90135 025 ***167.50

Principal Place of Business

Mailing Address

2017 FIESTA DRIVE
SARASOTA FL 34231

2017 FIESTA DRIVE
SARASOTA FL 34231-3415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0854195

Applied For

Not Applicable

5. Certificate of Status Desired

2 ✓

~~\$0.75~~ Additional Fee Required 1750

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMBRECHT, WILLIAM G
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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, 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 P
NAME PINNEY, GLENN ☐ Delete
STREET ADDRESS 200 SOUTH ORANGE AVE
CITY-ST-ZIP SARASOTA FL 34236

TITLE P ☒ Change ☐ Addition
NAME Pinney, Glenn
STREET ADDRESS 211 Murray Street
CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE VP ☒ Delete
NAME COLBERT, DAVID E
STREET ADDRESS 200 S ORANGE AVE
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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

Glenn Pinney, President (941) 923-1424

Date

Daytime Phone #

CR2E034 (1/98)