

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000075199

1. Entity Name
PEOPLE B-4 PROFIT INC.

Principal Place of Business
 157 CAY WEST WAY
 PONTE VEDRA FL 32082

Mailing Address
 157 CAY WEST WAY
 PONTE VEDRA FL 32082

2. Principal Place of Business
 3680 MARSH PARK COURT

3. Mailing Address
 157 CAY WEST WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 JACKSONVILLE BEACH FL

City & State
 PONTE VEDRA FL

4. FEI Number Applied For
 Not Applicable

Zip Country
 323225

Zip Country
 32250

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

WATT BRUCE N
 157 CAY WEST WAY
 PONTE VEDRA FL 32082

Name
 WATT BRUCE N
 Street Address (P.O. Box Number is Not Acceptable)
 3680 MARSH PARK COURT
 City JACKSONVILLE BEACH FL Zip Code 32250

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 **BRUCE N. WATT**

04/04/2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
 NAME WATT BRUCE N
 STREET ADDRESS 157 CAY WEST WAY
 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE P Change Addition
 NAME WATT BRUCE N
 STREET ADDRESS 3680 MARSH PARK COURT
 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Bruce N. Watt**

P **04/04/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)