

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91007 038 ***150.00

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1. Entity Name
PROFIT PARTNERS, INC.



Principal Place of Business
**265 SW PORT. ST. LUCIE BLVD.
SUITE 210
PORT ST. LUCIE FL 34984**

Mailing Address
**265 SW PORT. ST. LUCIE BLVD.
SUITE 210
PORT ST. LUCIE FL 34984**



2. Principal Place of Business
244 SW DALTON Circle
Suite, Apt. #, etc.

3. Mailing Address
244 SW DALTON Circle
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
PORT ST. LUCIE, FL

City & State
PORT ST. LUCIE, FL

4. FEI Number **65-0889596**

Applied For
Not Applicable

Zip **34953** Country

Zip **34953** Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERNARD, MICHAEL D
265 SW PORT ST LUCIE BLVD #210
PORT SAINT LUCIE FL 34984**

7. Name and Address of New Registered Agent

Name **MICHAEL D. BERNARD**
Street Address (P.O. Box Number is Not Acceptable)
244 SW DALTON Circle
City **PORT ST. LUCIE** FL **34953**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNARD, MICHAEL D 265 SW PORT ST LUCIE BLVD #210 PORT SAINT LUCIE FL 34984	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BERNARD, RICHARD P 265 SW PORT ST LUCIE BLVD #210 PORT SAINT LUCIE FL 34984	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - DIRECTOR MICHAEL D. BERNARD 244 SW DALTON Circle PORT ST. LUCIE, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RICHARD BERNARD 244 SW DALTON Circle PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

4-25-03

Date

772-344-0411

Daytime Phone #

CR2E034 (10/02)