

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109723

1. Entity Name  
PROFIT-TAKERS, INC.

Principal Place of Business  
702 TILLMAN PL.  
PLANT CITY FL 33566

Mailing Address  
702 TILLMAN PL.  
PLANT CITY FL 33566

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 AM 10:18



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3614868

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KEEL, WILLIAM J  
702 TILLMAN PL.  
PLANT CITY FL 33566

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME William J. Keel  
STREET ADDRESS ~~702 Tillman Place~~ 702 Tillman Place  
CITY-ST-ZIP Plant City Fl 33566

TITLE ☐ Delete  
NAME Vice-President  
STREET ADDRESS Michael Chris Sparkman  
CITY-ST-ZIP 702 Tillman Place  
Plant City Fl 33566

TITLE ☐ Delete  
NAME Secretary  
STREET ADDRESS Michael Chris Sparkman  
CITY-ST-ZIP 702 Tillman Place  
Plant City Fl 33566

TITLE ☐ Delete  
NAME Treasurer  
STREET ADDRESS Michael Chris Sparkman  
CITY-ST-ZIP 702 Tillman Place  
Plant City Fl 33566

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100003434511-5  
CITY-ST-ZIP -10/23/00--01018--007  
\*\*\*\*550.00 \*\*\*\*550.00

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00

813 707 8652

Date

Daytime Phone #

CR2E034 (5/00)