

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 NOV 13 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000111208

1. Entity Name

PROFIT BUILDERS CONSULTING, INC.

Principal Place of Business

2228 KUMQUAT DRIVE
EDGEWATER FL 32141

Mailing Address

2228 KUMQUAT DRIVE
EDGEWATER FL 32141

2. Principal Place of Business

735 HUNT CLUB TRAIL

3. Mailing Address

735 HUNT CLUB TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

32127

Country

FLORIDA

Zip

32127

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRYE, STEVEN R
2228 KUMQUAT DRIVE
EDGEWATER FL 32141

7. Name and Address of New Registered Agent

Name STEVEN R FRYE

Street Address (P.O. Box Number is Not Acceptable)
6426 LONGLAKE DRIVE

City PORT ORANGE

FL

Zip Code 32124

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

Steven R. Frye

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FRYE, STEVEN R	
STREET ADDRESS	2228 KUMQUAT DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN R FRYE	
STREET ADDRESS	6426 LONGLAKE DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL 32124	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY LACHANCE	
STREET ADDRESS	31 PULPIT ROCK RD.	
CITY-ST-ZIP	CHESTER NH 03036	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEANNE ECKERT	
STREET ADDRESS	735 HUNT CLUB TRAIL	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT

2000

[Signature]

100003488551-6
-12/06/00-01009-002
****750.00 ****750.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00

Date

904-788-8883

Daytime Phone #

CR2E034 (5/00)