

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L86549

1. Entity Name

PROFIT CONCEPTS MANAGEMENT, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90041 034 ***150.00

Principal Place of Business

Mailing Address

ONE TECHNOLOGY DR
F-217
IRVINE CA 92618
US

ONE TECHNOLOGY DR
F-217
IRVINE CA 92618-2344
US

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

65-0220906

Applied For

Not Applicable

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

CORPORATION INFORMATION SERVICES
1201 HAYS ST.
TALLAHASSEE FL 32301

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** ☐ Delete
NAME **HALL, DAVID W.**
STREET ADDRESS **ONE TECHNOLOGY DR STE C-511**
CITY-ST-ZIP **IRVINE CA**

TITLE **P** ☒ Change ☐ Addition
NAME **HALL, DAVID W.**
STREET ADDRESS **ONE TECHNOLOGY DR. SUITE F-217**
CITY-ST-ZIP **IRVINE, CA 92618**

TITLE **VP** ☐ Delete
NAME **BURKE, STEVE**
STREET ADDRESS **ONE TECHNOLOGY DR STE C-511**
CITY-ST-ZIP **IRVINE CA**

TITLE **VP, BURKE, STEVE** ☒ Change ☐ Addition
NAME **ONE TECHNOLOGY DR. SUITE F-217**
STREET ADDRESS **IRVINE, CA 92618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 2/16/00 x(800)454-1478

Date

Daytime Phone #

CR2E034 (9/99)