

2000 UNIFORM BUSINESS REPORT (UBR)

9/20/00-90005-049-\$550.00-\$550.00

DOCUMENT # P99000080287

1. Entity Name:
PROFIT TECHNOLOGIES HOLDING CORPORATION

Principal Place of Business
C/O PROFIT TECHNOLOGIES CORPORATION
1331 SCANDIA TERR
OWENSO FL 32765
P.O. Box 4479
DAVIDSON, NC 28036

Mailing Address
C/O PROFIT TECHNOLOGIES CORPORATION
P.O. Box 4479
DAVIDSON, NC 28036

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 4479
Suite, Apt. #, etc.

City & State
DAVIDSON NC

Zip
28036

Country

4. FEI Number
59-3597244

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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 Barbara A. Burke **BARBARA A. BURKE**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) SPECIAL ASSISTANT SECRETARY 1-1700
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	PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GEORGE MCKEE		NAME		
STREET ADDRESS	P.O. BOX 4479		STREET ADDRESS		
CITY-ST-ZIP	DAVIDSON NC 28036		CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHRIS MCKEE		NAME		
STREET ADDRESS	P.O. BOX 4479		STREET ADDRESS		
CITY-ST-ZIP	DAVIDSON NC 28036		CITY-ST-ZIP		
TITLE	SECRETARY	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAVE MCKEE		NAME		
STREET ADDRESS	P.O. BOX 4479		STREET ADDRESS		
CITY-ST-ZIP	DAVIDSON NC 28036		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Curt McKee **SIGNATURE REQUIRED**
Signature and typed or printed name of signing officer or director
Date 9-13-00
Daytime Phone #

FILED

01 FEB -5 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00107000

DO NOT WRITE IN THIS SPACE

CR20034 (\$900)