

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90052 022 ****70.00

DOCUMENT # N00000002807

1. Entity Name

SUCSESSES UNLIMITED WOMEN & YOUTH BUSINESS CENTE

Principal Place of Business

Mailing Address

3237 CARLISLE AVE S
 ST PETERSBURG FL 33712

3237 CARLISLE AVE S
 ST PETERSBURG FL 33712

2. Principal Place of Business

1175 Pinellas Point Drive S.

3. Mailing Address

P.O. Box 16464

Suite, Apt. #, etc.

Bldg. 37 Apt. 351

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33705

Country

USA

Zip

33733-6464

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3610171

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LASSITER, THERESA A
 3237 CARLISLE AVE S
 ST PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name Theresa A. Lassiter

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

1175 Pinellas Point Drive S. Bldg. 37 Apt. 351

City St. Petersburg

FL

Zip Code 33705

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

Theresa A. Lassiter

03/14/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LASSITER, THERESA A	
STREET ADDRESS	3237 CARLISLE AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	SAMUELS, CHRISTINE	
STREET ADDRESS	3237 CARLISLE AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	EDMOND, LATASHIA	
STREET ADDRESS	3237 CARLISLE AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAUGHT-JEMISON, ADELLE	
STREET ADDRESS	3237 CARLISLE AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	SESSLER, LINDA L	
STREET ADDRESS	3237 CARLISLE AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, KENYATTA	
STREET ADDRESS	3237 CARLISLE AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Theresa A. Lassiter	
STREET ADDRESS	1175 Pinellas Point Dr. S. Bldg. 37 Apt. 351	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christina Coffin	
STREET ADDRESS	1175 Pinellas Point Dr. S. Bldg. 37 Apt. 351	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	VTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edmond, La Tashia	
STREET ADDRESS	1175 Pinellas Point Dr. S. Bldg. 37 Apt. 351	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vaughn-Jemison Adelle	
STREET ADDRESS	1175 Pinellas Point Dr. S. Bldg. 37 Apt. 351	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sessler, Linda L	
STREET ADDRESS	1175 Pinellas Point Dr. S. Bldg. 37 Apt. 351	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loretta Taylor	
STREET ADDRESS	1175 Pinellas Pt. Dr. S. Bldg. 37 Apt. 351	
CITY-ST-ZIP	St. Petersburg, FL 33705	

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 617, 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:

Theresa A. Lassiter

03/14/01 (727) 906-4887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)