


FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90089 048 ***150.00

80049652

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000065777		
1. Entity Name SUCCESS ENVSST CORP.		
Principal Place of Business 8131 N W 3RD PLACE CORAL SPRINGS, FL 33071		Mailing Address 8131 N W 3RD PLACE CORAL SPRINGS, FL 33071
2. Principal Place of Business 4050 NW 42ND AVE	3. Mailing Address 4050 NW 42ND AVE	
Suite, Apt. #, etc. UNIT #318	Suite, Apt. #, etc. UNIT #318	
City & State LAUDERDALE LAKES, FL	City & State LAUDERDALE LAKES, FL	
Zip 33319	Country USA	Zip 33319
Country USA		Country USA
4. FEI Number 65-1026173		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MENDEN, EUGENE A 16 LAGUNA COURT PALM BEACH GARDENS, FL 33418		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE		DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reinstating)		
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALCOLM, MARCIA 8131 NW 3RD PLACE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 4050 NW 42ND AVE, UNIT #318 LAUDERDALE LAKES, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MENDED, EUGENE A 16 LAGUNA COURT PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MENDEN, EUGENE A (SPELLING ONLY) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Eugene A. Menden</i> EUGENE A. MENDEN		3/5/03 561-627-4823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

CIRE034 (10/02)