

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90060 028 ***150.00

DOCUMENT # 659178
 1. Entity Name
SUCCESSFUL INVESTMENTS, INC.

Principal Place of Business Mailing Address
 E SEMORAN BLV 2685 E SEMORAN BLV
 STE 4 STE 4
 APOPKA FL 32703 APOPKA FL 32703-5802
 US

2. Principal Place of Business 3. Mailing Address
1655 SEMORAN BLVD. **1655 SEMORAN BLVD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE. 7 **STE. 7**
 City & State City & State
APOPKA, FL. **APOPKA FL**
 Zip Zip Country Country
32703 **32703** **USA** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1993894 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
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code
MOORE, LARRY D
~~**2685 E SEMORAN BLVD #4**~~ **1655 SEMORAN BLVD.**
APOPKA FL 32703 **STE. 7**

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 Larry Moore LARRY MOORE PRESIDENT DATE 4/21/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, LARRY D 2685 SEMORAN BLVD STE 4 APOPKA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1655 SEMORAN BLVD. STE. 7 APOPKA FL 32703
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 S LARRY MOORE 1655 SEMORAN BLVD STE. 7 APOPKA FL 32703
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
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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

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: Larry Moore LARRY MOORE Date 4/21/00 Daytime Phone # 407-620-7420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)