

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90258 006 ***150.00

DOCUMENT # 659178

1. Entity Name
SUCCESSFUL INVESTMENTS, INC.

Principal Place of Business

~~1655 SEMORAN BLVD.~~
~~STE 7~~
~~APOPKA FL 32703~~
 US

Mailing Address

~~1655 SEMORAN BLVD.~~
~~STE 7~~
~~APOPKA FL 32703~~
 US

2. Principal Place of Business

506 ORANOLE RD.

Suite, Apt. #, etc.
MAITLAND FL

City & State
MAITLAND FL

Zip Country
32751 USA

3. Mailing Address

506 ORANOLE RD

Suite, Apt. #, etc.

City & State
MAITLAND FL

Zip Country
32751 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1993894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOORE, LARRY D

~~1655 SEMORAN BLVD. STE 7~~ **506 ORANOLE RD.**
~~APOPKA FL 32703~~ **MAITLAND, FL 32751**

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 *Larry Moore* **LARRY MOORE**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/26/02

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **MOORE, LARRY D**
 STREET ADDRESS **1655 SEMORAN BLVD. STE 7 506 ORANOLE RD**
 CITY-ST-ZIP **APOPKA FL 32703 MAITLAND, FL 32751**

TITLE **SEC.** ☐ Delete
 NAME **LARRY D. MOORE**
 STREET ADDRESS **506 ORANOLE RD.**
 CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.D.S** ☒ Change ☐ Addition
 NAME **LARRY D. MOORE**
 STREET ADDRESS **506 ORANOLE RD**
 CITY-ST-ZIP **MAITLAND, FL 32751**

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

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

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

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

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

CR2E034 (9/01)

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

407-620 7420

Daytime Phone #