FILED

Apr 25, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 659178 1. Entity Name SUCCESSFUL INVESTMENTS, INC.				Secretary of State 04-25-2003 90211 013 ***150.00
Principal Place of Business 506 ORANOLE RD MAITLAND FL 32751 US		Mailing Address 506 ORANOLE RD MAITLAND FL 32751 US		11012228
	Place of Business		AUGH C	, the state of the case of the
Suite, Apt.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & Stat	ee	LONGWOOD	FL	4. FEI Number 59-1993894 Applied For Not Applicable
Zip	Country	32779	Country USA	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
506 ORAI	Larry D Nole RD D FL 3275 1	·	Street Ad	Address (P.O. Box Number is Not Acceptable) I RADEBAUGH CT. ONGWOOD FL Zip.Code 79
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 Signature, types of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be				
Make Check	k Payable to Florida Department of		,	Trust Fund Contribution. Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS MOORE, LARRY D 506 ORANOLE RD MAITLAND FL 32751	DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 [A] Change Addition 391 RADEBAUGH CT. LONGWOOD FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, LARRY D 508 ORANOLE RD MAITLAND FL 32751	☐ Delete	TITLE NAME Street address City-St-Zip	391 RABE BAUBH CT. LONGWOOD FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P4 Tr	□ Delete.	-TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	f	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)