

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F92126**1. Entity Name  
**PROFESSIONAL SUCCESS UNLIMITED, INC.**

Principal Place of Business 7777 131ST STREET NORTH SUITE 15 SEMINOLE 33776 US	FL	Mailing Address 7777 131ST STREET NORTH SUITE 15 SEMINOLE 33776 US	FL
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2. Principal Place of Business 10733 57TH AVENUE NORTH	3. Mailing Address 10733 57TH AVENUE NORTH
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State SEMINOLE FL	City & State SEMINOLE FL
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Zip 33772	Country US	Zip 33772	Country US
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4. FEI Number <b>59-2207684</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****FERNANDEZ, PETER G**  
777 131ST STREET NORTH  
SUITE 15  
SEMINOLE  
33776  
US

FL

**7. Name and Address of New Registered Agent**Name  
**FERNANDEZ, PETER G**  
Street Address (P.O. Box Number is Not Acceptable)  
**10733 57TH AVENUE NORTH**City  
**SEMINOLE** **FL** Zip Code  
**33772**

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 \_\_\_\_\_ **05/05/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	AS CARBONNEAU, VALERIE 7777 131ST ST NORTH STE 15 SEMINOLE FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FERNANDEZ, PETER G 7777 131ST ST STE 15 SEMINOLE FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CARBONNEAU, VALERIE 10733 57TH AVENUE NORTH SEMINOLE FL 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FERNANDEZ, PETER G 10733 57TH AVENUE NORTH SEMINOLE FL 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
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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:** Valerie Carbonneau **AS** **05/05/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)