

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002065

1. Entity Name
ACHIEVEMENT ENTERPRISES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 1:26

Principal Place of Business
6877 U.S. HIGHWAY 441 S.E.
OKEECHOBEE FL 34974

Mailing Address
6877 U.S. HIGHWAY 441 S.E.
OKEECHOBEE FL 34974-9510



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0864682

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPISAK, EDWARD S.
5602 S.E. 67TH AVENUE
OKEECHOBEE FL 34974

Name
LAWRENCE W. SMITH
Street Address (P.O. Box Number is Not Acceptable)
6877 U.S. Hwy 441 SE
City
OKEECHOBEE FL Zip Code
34974

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SMITH, LAWRENCE W TRUSTEE
6877 U.S. 441 S.E.
OKEECHOBEE FL 34974 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SMITH, CORINNE J
6877 U.S. 441 S.E.
OKEECHOBEE FL 34974 ☐ Delete

TITLE
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STREET ADDRESS
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CORINNE J. SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)