

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001048

1. Entity Name

SOARING TO SUCCESS, INC.

Principal Place of Business

4388 SW GRACE COURT
PORT ST. LUCIE FL 34953

Mailing Address

4388 SW GRACE COURT
PORT ST. LUCIE FL 34953

2. Principal Place of Business

4388 SW GRACE Ct.

Suite, Apt. #, etc.

3. Mailing Address

4388 SW GRACE Ct.

Suite, Apt. #, etc.

City & State

Port St. LUCIE, FL.

City & State

Port St. LUCIE, FL.

Zip

Country

34953

ST. LUCIE

Zip

Country

34953

ST. LUCIE

6. Name and Address of Current Registered Agent

BRACK, LYDIA L
4388 SW GRACE COURT
PORT ST. LUCIE FL 34953

4. FEI Number

65-0982027

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BRACK, LYDIA
STREET ADDRESS 4388 SW GRACE COURT
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE D ☐ Delete
NAME BRACK, KENNETH
STREET ADDRESS 4388 SW GRACE COURT
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE D ☐ Delete
NAME BRACK, CECELIA
STREET ADDRESS 1618 GREEN ACRES CIRCLE, #L104
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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 617, 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: Lydia L Brack 2/17/01 561-337-9713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

3140



DO NOT WRITE IN THIS SPACE