

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90052 022 ****70.00

DOCUMENT # N00000002807

1. Entity Name

SUCSESSES UNLIMITED WOMEN & YOUTH BUSINESS CENTE

Principal Place of Business

Mailing Address

3237 CARLISLE AVE S
ST PETERSBURG FL 33712

3237 CARLISLE AVE S
ST PETERSBURG FL 33712

2. Principal Place of Business

1175 Pinellas Point Drive S.

3. Mailing Address

P.O. Box 16464

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. 37 Apt. 351

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip

Country

Zip

Country

33705

USA

33733-6464

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASSITER, THERESA A
3237 CARLISLE AVE S
ST PETERSBURG FL 33712

Name
Theresa A. Lassiter

Street Address (P.O. Box Number is Not Acceptable)

1175 Pinellas Point Drive S. Bldg. 37 Apt. 351

City St. Petersburg FL Zip Code 33705

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
Theresa A. Lassiter

03/14/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LASSITER, THERESE A 3237 CARLISLE AVE S ST PETERSBURG FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SAMUELS, CHRISTINE 3237 CARLISLE AVE S ST PETERSBURG FL 33712	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD EDMOND, LATASHIA 3237 CARLISLE AVE S ST PETERSBURG FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHT-JEMISON, ADELLE 3237 CARLISLE AVE S ST PETERSBURG FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SESSLER, LINDA L 3237 CARLISLE AVE S ST PETERSBURG FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, KENYATTA 3237 CARLISLE AVE S ST PETERSBURG FL 33712	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Theresa A. Lassiter 1175 Pinellas Point Dr. S. Bldg. 37 Apt. 351 St. Petersburg, FL 33705	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Christina Coffin 1175 Pinellas Point Dr. S. Bldg. 37 Apt. 351 St. Petersburg, FL 33705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Edmond, La Tashia 1175 Pinellas Point Dr. S. Bldg. 37 Apt. 351 St. Petersburg, FL 33705	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vaughn-Jemison Adelle 1175 Pinellas Point Dr. S. Bldg. 37 Apt. 351 St. Petersburg, FL 33705	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sessler, Linda L 1175 Pinellas Point Dr. S. Bldg. 37 Apt. 351 St. Petersburg, FL 33705	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Loretta Taylor 1175 Pinellas Pt. Dr. S. Bldg. 37 Apt. 351 St. Petersburg, FL 33705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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: Theresa A. Lassiter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/01 (127) 906-4887
Date Daytime Phone #

CR2E037 (10/00)