

2001 UNIFORM BUSINESS REPORT (UBR)

4/23,

FILED
May 17, 2001 8:00 am
Secretary of State

04-23-2001 90168 031 ****61.25

DOCUMENT # N00000005703

1. Entity Name

SUCCESSHEALTH MINISTRIES INC.

Principal Place of Business

Mailing Address

**1331 W CASS ST
TAMPA FL 33606**

**1331 W CASS ST
TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLEY, HENRY
1331 W CASS ST
TAMPA FL 33606**

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	HENRY CARLEY
CITY-ST-ZIP	1331 W. CASS ST. TAMPA, FL 33606
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER MARTIN
STREET ADDRESS	1331 W. CASS ST
CITY-ST-ZIP	TAMPA, FL 33606 D
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEATRICE SPEARMAN D
STREET ADDRESS	1331 W. CASS ST.
CITY-ST-ZIP	TAMPA, FL 33606 D
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVIN DAVIES D
STREET ADDRESS	1331 W. CASS ST.
CITY-ST-ZIP	TAMPA, FL 33606 D
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Henry Carley - **HENRY CARLEY**

04/17/01

813-253-2320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)