

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90005 024 \*\*\*\*70.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006895

1. Entity Name

SUCCESSFUL OPPORTUNITIES, INC.

Principal Place of Business

8000 CYPRESS HOLLOW DRIVE  
PALM BEACH GARDENS FL 33418

Mailing Address

8000 CYPRESS HOLLOW DRIVE  
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

 AKINS, WANDA J  
 9000 CYPRESS HOLLOW DRIVE  
 PALM BEACH GARDENS FL 33418

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

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 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 P  
 STREET ADDRESS AKINS, Jeryl A  
 CITY-ST-ZIP 9000 Cypress Hollow Drive  
 Palm Beach Gardens, FL 33418

 TITLE ☐ Change ☒ Addition  
 NAME D/T/S  
 STREET ADDRESS Anderson, Sharon  
 CITY-ST-ZIP 1152 W. 26 Street  
 Riviera Beach, FL 33404

 TITLE ☐ Change ☒ Addition  
 NAME D  
 STREET ADDRESS Freeman, Latocsha  
 CITY-ST-ZIP 1610 Martin Luther King Blvd  
 Riviera Beach FL 33404

 TITLE ☐ Change ☒ Addition  
 NAME VP/D  
 STREET ADDRESS AKINS, Wanda  
 CITY-ST-ZIP 9000 Cypress Hollow Dr  
 Palm Beach Gardens, FL 33418

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

 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:

 Sharon Anderson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

561 694 8639

CR2E037 (5/01)