

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90095 045 \*\*\*\*70.00

**DOCUMENT # N00000008018**

1. Entity Name

**THE ACHIEVEMENTS GROUP, INC.**



Principal Place of Business

**4344 PINNACLE ST  
PORT CHARLOTTE FL 33980**

Mailing Address

**4344 PINNACLE ST  
PORT CHARLOTTE FL 33980**

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 **65-1059489**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GREGOIRE, TINA R  
4344 PINNACLE ST  
PORT CHARLOTTE FL 33980**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FEO, DAVID</b>	
STREET ADDRESS	<b>13615 TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>NORTH PORT FL 34286</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HOULT, LOIS</b>	
STREET ADDRESS	<b>2317 CHATLIN</b>	
CITY-ST-ZIP	<b>HOLIDAY FL 34291</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>PROVANZANO, ANGELA</b>	
STREET ADDRESS	<b>3525 ISLAND CLUB DRIVE #1</b>	
CITY-ST-ZIP	<b>NORTH PORT FL 34288</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KING, ROBERT</b>	
STREET ADDRESS	<b>565 W. RETTE ESPLANDE</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAMOKY, JOSEPH</b>	
STREET ADDRESS	<b>428 FIELD STONE DRIVE</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PATANE, AGATHA</b>	
STREET ADDRESS	<b>P.O. BOX 494253</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33949-0253</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Tina Rae Gregoire* 4/29/03 941 8965

CR2E037 (10/02)