

DOCUMENT # N99000003302

1. Entity Name

PURSUIT OF HAPPINESS, INC.

Principal Place of Business

2632 SUNSET DR
TAMPA FL 33629

Mailing Address

2632 SUNSET DR
TAMPA FL 33629

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

59-3625483

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

THOMAS, WM. KENT
2632 SUNSET DR
TAMPA FL 33629

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PCD
NAME BORONSKY, RAYMOND A
STREET ADDRESS 2632 SUNSET DRIVE
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

TITLE PCD
NAME BORONSKY, RAYMOND A.
STREET ADDRESS 2632 SUNSET DR
CITY-ST-ZIP TAMPA FL 33629 ☒ Change ☐ Addition

TITLE VPD
NAME ALVAREZ, A T
STREET ADDRESS 2917 CHERRY STREET
CITY-ST-ZIP TAMPA FL 33620 ☒ Delete

TITLE VPD
NAME NELSON THOMAS
STREET ADDRESS 2632 SUNSET DR
CITY-ST-ZIP TAMPA FL 33629 ☐ Change ☒ Addition

TITLE VPMD
NAME THOMAS, DANIEL
STREET ADDRESS 16970 S. PROSPECT
CITY-ST-ZIP CHICAGO IL 60643 ☒ Delete

TITLE D
NAME WILLIAM K. THOMAS
STREET ADDRESS 2632 SUNSET DR
CITY-ST-ZIP TAMPA FL 33629 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90044 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)