

2001 UNIFORM BUSINESS REPORT (UBR)

1/16

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-16-2001 90039 006 ****61.25

DOCUMENT # N99000005667

1. Entity Name

THE LOOK FOR SUCCESS INC.

Principal Place of Business

468 NE 206TH LANE, #209
N. MIAMI FL 33179

Mailing Address

468 NE 206TH LANE, #209
N. MIAMI FL 33179

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

65-0950404

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

GELFMAN, RHONDA F ESQ.
2020 NE 163RD ST., SUITE 300
N. MIAM BCH FL 33162

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 remaking)

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 ☒ D ☐ Delete
NAME GOEDDE, KIMBERLY E
STREET ADDRESS 468 NE 206TH LANE, #209
CITY-ST-ZIP N. MIAMI FL 33179

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

TITLE ☒ D ☐ Delete
NAME GOEDDE, KARLENE
STREET ADDRESS 1860 DUN HILL
CITY-ST-ZIP MILFORD MI 48381

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

TITLE ☒ D ☐ Delete
NAME GOEDDE, ROBERT
STREET ADDRESS 1860 DUN HILL
CITY-ST-ZIP MILFORD MI 48381

TITLE ☒ D ☐ Change ☐ Addition
NAME Alan Martin, Vice President
STREET ADDRESS 3127 Worcester
CITY-ST-ZIP Sarasota, FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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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:

SIGNATURE: Kimberly E. Goedde

1/7/01

(305) 681-5665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)