

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041272

1. Entity Name

I WANT TO BE, INC.

**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90001 028 \*\*\*550.00

Principal Place of Business

4538 REDWING CT.  
MIDDLEBURG FL 32068

Mailing Address

4538 REDWING CT.  
MIDDLEBURG FL 32068

2. Principal Place of Business

3. Mailing Address

4538 REDWING CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Middleburg FL

4. FEI Number

59-3644354

Applied For

Not Applicable

Zip

Country

Zip

Country

32068

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUSS, PHILIP  
4538 REDWING CT.  
MIDDLEBURG FL 32068

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FUSS, PHILIP	
STREET ADDRESS	4538 REDWING CT.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOUYLLIEZ, WESLEY	
STREET ADDRESS	484 TAYLOR AVE.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	S	<input type="checkbox"/> Delete
NAME	FUSS, MIKE	
STREET ADDRESS	4538 REDWING CT.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIS, TRACY	
STREET ADDRESS	4538 REDWING CT.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
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"/> 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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHIL FUSS

4/20/01

904-591-9610

CR2E034 (10/00)