

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90913 011 ***150.00

DOCUMENT # P00000050431

1. Entity Name

PATH TO SUCCESS, INC.

Principal Place of Business

~~2046 TREASURE COAST PLAZA~~
~~PMB 337~~
~~VERO BEACH FL 32960~~

Mailing Address

~~2046 TREASURE COAST PLAZA~~
~~PMB 337~~
~~VERO BEACH FL 32960~~

2. Principal Place of Business

3. Mailing Address

2256 Magans Ocean Walk

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Vero Beach

Zip

Country

32963 Fl.

Country

USA

4. FEI Number

65-1039841

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

DIXON, WILLIAM H
1845 G UNIT 103
COBIA DRIVE
VERO BEACH FL 32960

Name **GOLDEN, AUDREY**

Street Address (P.O. Box Number is Not Acceptable)

2256 MAGANS OCEAN WALK

City **VERO BEACH**

FL

Zip Code **32963**

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

Audrey Golden

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 12, 2002

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **GOLDEN, AUDREY**
 STREET ADDRESS **2256 MAGANS OCEAN WALK**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **VPD** ☒ Delete
 NAME **DIXON, WILLIAM N**
 STREET ADDRESS **1845 G COBIA DRIVE #103**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Audrey Golden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 2002

Date

Daytime Phone #

CR2E034 (9/01)