

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90380 033 ***150.00

DOCUMENT # P00000088090

1. Entity Name

LEADS TO SUCCESS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 5900
LAKE WORTH FL 33466

P.O. BOX 5900
LAKE WORTH FL 33466

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

65-1048030

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

**REYNOLDS, RILLA P
4601 TOGA WAY
GREENACRES FL 33463**

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	REYNOLDS, RILLA P	
STREET ADDRESS	4601 TOGA WAY	
CITY-ST-ZIP	GREENACRES 33 33463	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZOLDAN, PATRICIA L	
STREET ADDRESS	3501 VILLAGE BLVD, #403	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REYNOLDS, JAMES E	
STREET ADDRESS	4601 TOGA WAY	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZOLDAN, EUGENE J	
STREET ADDRESS	3501 VILLAGE BLVD, #403	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Reynolds, James E ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rilla P. Reynolds Rilla P. Reynolds Pres. 5-1-01 561-707-0452

CR2E034 (10/00)