

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90303 026 \*\*\*150.00

**DOCUMENT # P00000100387**

1. Entity Name

**START - OPERATE & SUCCEED, INC.**

Principal Place of Business

2240 BELLEAIR RD. STE 100  
CLEARWATER FL 33764

Mailing Address

2240 BELLEAIR RD. STE 100  
CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3681593

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**MOORE, STEVEN W  
2240 BELLEAIR RD, STE 100  
CLEARWATER FL 33764

Name

STEVEN W. MOORE, ESQ.

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

8200 BRYAN DIARY RD, STE 300

City

Largo

FL

Zip Code

33777

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

1/24/01

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 ☐ Delete  
NAME D  
STREET ADDRESS DENINGTON, DARREN  
CITY-ST-ZIP 1321 BRUNSWICK DR  
LARGO FL 33756TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS DENINGTON, DARREN  
CITY-ST-ZIP 2511 BRUCKEN ROAD  
BRANDON FL 33511TITLE ☐ Delete  
NAME D  
STREET ADDRESS DENINGTON, SHELLI  
CITY-ST-ZIP 1321 BRUNSWICK DR  
LARGO FL 33756TITLE ☒ Change ☐ Addition  
NAME D  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01

813-661-1149

CR2E034 (10/00)