

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91222 038 ***150.00

DOCUMENT # P00000114725

1. Entity Name
SUCCESS PLAN, INC.

Principal Place of Business

**275 PALM AVE A-101
JUPITER FL 33477**

Mailing Address

**275 PALM AVE A-101
JUPITER FL 33477**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16671 TRADERS CROSSING

3. Mailing Address

16671 TRADERS CROSSING

Suite, Apt. #, etc.

222

Suite, Apt. #, etc.

222

City & State

JUPITER

City & State

JUPITER

4. FEI Number

65-1073690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

33477

Country

Zip

33477

Country

6. Name and Address of Current Registered Agent

**WOLF, PHILIP R
275 PALM AVE A-101
JUPITER FL 33477**

7. Name and Address of New Registered Agent

Name

PHILIP R WOLF

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

16671 TRADERS CROSSING - #222

City

JUPITER

FL

Zip Code

33477

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

4-26-02

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	DP	<input type="checkbox"/> Delete
NAME	WOLF, DAVID P	
STREET ADDRESS	6900 BRIDGEWATER SE	
CITY-ST-ZIP	GRAND RAPIDS MI 49546	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	PHILIP	
STREET ADDRESS		
CITY-ST-ZIP		
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP R WOLF	
STREET ADDRESS	16671 TRADERS CROSSING #222	
CITY-ST-ZIP	JUPITER, FL 33477	
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:

PHILIP R WOLF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02
Date

(561) 744 0916
Daytime Phone #

CR2E034 (9/01)