

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000013625

1. Entity Name
CO-ACHIEVEMENT, INC.



FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90135 004 ***550.00

0082862 AV

Principal Place of Business
1522 CHERRY LAKE WAY
HEATHROW FL 32746

Mailing Address
1522 CHERRY LAKE WAY
HEATHROW FL 32746



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE SUITE 1114
MIAMI BEACH FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DVS**
STREET ADDRESS **BORNE, ALAN**
CITY-ST-ZIP **1522 CHERRY LAKE WAY**
HEATHROW FL 32746

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

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **BORNE, CAROLE**
CITY-ST-ZIP **1522 CHERRY LAKE WAY**
HEATHROW FL 32746

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BORNE, JAMES C**
CITY-ST-ZIP **5924 MEDALLION DR. WEST**
WESTERVILLE OH 43082

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9720 LAKE CHASE ISLAND WAY**
CITY-ST-ZIP **TAMPA, FL 33626**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LOOBY, PATRICIA E**
CITY-ST-ZIP **6715 SPRINGVIEW DR.**
WESTERVILLE OH 43082

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LENSE, EDWARD L**
CITY-ST-ZIP **400 PIEDMONT RD.**
COLUMBUS OH 43214

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LANNES, FRANCIS J**
CITY-ST-ZIP **430 CRANESBILL DR.**
WEST CHICAGO IL

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

12. 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 10 or Block 11 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

5-10-03

Date

407 - 805-9815

Daytime Phone #

CR2E034 (10/02)