

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90426 047 ***150.00

0503063 AV

DOCUMENT # P01000028336

1. Entity Name

OPTIONS FOR SUCCESS INC.

Principal Place of Business

1841 S.E. 38TH COURT
 OCALA FL 34471

Mailing Address

1841 S.E. 38TH COURT
 OCALA FL 34471

2. Principal Place of Business

850 NE 36 Terrace

Suite, Apt. #, etc.

Unit #B

City & State

Ocala, FL

Zip

34470

Country

Marion

3. Mailing Address

3512 E. Silver Springs Blvd.

Suite, Apt. #, etc.

PMB #64

City & State

Ocala, FL

Zip

34470

Country

Marion



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3704295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUFFORD, VINESSA
1841 S.E. 38TH COURT
OCALA FL 34471

7. Name and Address of New Registered Agent

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, 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 **BUFFORD, VINESSA**
 STREET ADDRESS **1841 S.E. 38TH COURT**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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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

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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:

Vinessa W. Bufford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

352

624-8754

Daytime Phone #

CR2E034 (9/01)