

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91742 037 \*\*\*150.00

**DOCUMENT # P01000122506**

**1. Entity Name**  
**AMERICAN ACHIEVEMENT SEMINARS, INC.**

**Principal Place of Business**

**10710 DESOTO RD**  
**RIVERVIEW FL 33569-4405**

**Mailing Address**

**10710 DESOTO RD**  
**RIVERVIEW FL 33569-4405**

**2. Principal Place of Business**

**3. Mailing Address**

**11705 BOYETTE RD STE 142**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**RIVERVIEW FL**

**4. FEI Number 59-3761348**

Applied For

Not Applicable

**Zip**

**Country**

**Zip**

**Country**

**33569**

**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**

**DILLON, CHRISTOPHER M**  
**10710 DESOTO RD**  
**RIVERVIEW FL 33569-4405**

**Name** **DILLON, CHRISTOPHER M.**

**Street Address (P.O. Box Number is Not Acceptable)** **11705 BOYETTE RD STE 142**

**City** **RIVERVIEW** **FL** **Zip Code** **33569**

**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**

**"WITHOUT PREJUDICE UCC 1-207"**

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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DILLON, CHRISTOPHER M</b> <b>10710 DESOTO RD</b> <b>RIVERVIEW FL 33569-4405</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>DILLON, CHRISTOPHER M.</b> <b>11705 BOYETTE RD STE 142</b> <b>RIVERVIEW FL 33569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)