FILED
May 30, 2003 8:00 am
Secretary of State
05-05-2003 90208 015 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000116959

1. Entity Name
Success in Soccer Camps, Inc.

DO NOT WRITE IN THIS SPACE

55045104

2. Principal Place of Business	3. Mailing Address
19428 Via Del Mar	19428 Via Del Mar
Suite, Apt. #, etc.: Apt. 303	Suite, Apt. #, etc.: Apt. 303
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33647 Country: US	Zip: 33647 Country: US

DO NOT WRITE IN THIS SPACE
56-2299996

4. FEI Number ~~56-2299996~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Lauren S. Kiefer
Street Address (P.O. Box Number is Not Acceptable): 19428 Via Del Mar Apt. 303
City: Tampa **FL** Zip Code: 33647

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: Lauren S. Kiefer - Vice President 4/23/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	George R. Kiefer	NAME	
STREET ADDRESS	19428 Via Del Mar Apt. 303	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33647	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Lauren S. Kiefer	NAME	
STREET ADDRESS	19428 Via Del Mar Apt 303	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33647	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lauren S. Kiefer LAUREN S. KIEFER 4/23/2003 813-948-4648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #