## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000015498

1. Entity Name

**SIGNATURE:** 

SUCCESSFUL EVENTS, INC.



**FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90042 039 \*\*\*150.00

Daytime Phone #

Principal Place of Business 2744 HILLSBORO RD WEST PALM BEACH FL 33405 US				Mailing Address 2744 HILLSBORO RD WEST PALM BEACH FL 33405 US									
2. Principal Place of Business			3. Mailing Address					1 1 3 4 11 3 5 1	110   <b>    10   0</b>   1111   1	JURNI URNIF UDIN		I I III I I I I I I I I I I I I I I I	18186 1818 1861
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State			4. FEI Number 65-0390609			0609			oplied For ot Applicable
Zip		Country Zip		Country		5.	5. Certificate of Status Desired				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7.	. Name and	Address of	New Regist	tered Ag	jent —	CONTROL
HUTTON, JANE E 2744 HILLSBORO ROAD				Name Street Addres			ddress (P.O.	(P.O. Box Number is Not Acceptable)					
WEST PALM BEACH FL 33405						City					FL	Zip Cod	e
the obligat	named entity ions of regist	v submits this statement for ered agent.	the purp	ose of changing its	registere	ed office or	registered a	agent, or both	n, in the State	e of Florida.	I am far	miliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if appl	licable. (NOTE	: Registered	d Agent signati	ure required wher	n reinstating)			DATE	•	<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Trus	ction Campa st Fund Conti	ribution.		Added	May Be
10.	PD	OFFICERS AND	DIRECTO	RS Delete	11.		<u> </u>	ADDITIONS/0	CHANGES TO	O OFFICER		DIRECTOR:	S IN 11
NAME	HUTTON, 617 CLARE	IANE E EMORE DRIVE M BEACH FL		L Delete	NAMI STRE		I -	NLak Wort		-	·	<b>Jy</b> Change	C.J Addition
		ORI A MORE DRIVE M BEACH FL		☐ Delete			932 . Lake	N"O".	s Free	. <del>/</del> / 33	_	<b>€</b> Change	☐ Addition
TITLE  AME  STREET ADDRESS CITY-ST-ZIP				☐ Delete			·		•		]	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							[	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							[	Change	Addition
TITLE NAME Street Address City-St-Zip				□ Delete	•	i					[	Change	Addition
indicated of the cor	on this repor poration or th	information supplied with t or supplemental report is e receiver or trustee empo chment with an address, w	true and a wered to a	accurate and that mexecute this report a	ny signat	ure shall h	ave the same	e legal effect	as if made u	inder oath;	that I am	an officer	or director