

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90016 039 ***150.00

DOCUMENT # P93000049770

1. Entity Name
SUCCESS 101, INC.

Principal Place of Business Mailing Address
9217 SW 21 AVE 2625 SW 75TH ST, 9217 SW 21ST AVE
GAINESVILLE FL 32607 APT. 209 GAINESVILLE FL 32607
GAINESVILLE US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2625 SW 75TH ST. SAME AS #2
 Suite, Apt. #, etc. APT. 209 ← Suite, Apt. #, etc.

City & State City & State 4. FEI Number 59-3192167 Applied For
GAINESVILLE FL Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
32607 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
PLYE, LAURA Name **LAURA PYLE**
9217 SW 21 AVE Street Address (P.O. Box Number is Not Acceptable) **2625 SW 75TH ST. APT. 209**
GAINESVILLE FL 32607 City **GAINESVILLE FL** Zip Code **32607**

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]* DATE **1/11/02**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	LAURA PYLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLYE, LAURA		NAME	LAURA PYLE	
STREET ADDRESS	9217 SW 21 AVE		STREET ADDRESS	2625 SW 75TH ST. APT. 209	
CITY-ST-ZIP	GAINESVILLE FL 32607		CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLYE, RANSFORD		NAME		
STREET ADDRESS	9217 SW 21 AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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]* **SIGNATURE REQUIRED** DATE **1/11/02** DAYTIME PHONE # **352-332-2466**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)