

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90091 005 ***550.00

DOCUMENT # P96000024178

1. Entity Name

SIMPLE SUCCESS MARKETING, INC.

Principal Place of Business

2646 S W MAPP ROAD
 SUITE 103
 PALM CITY FL 34990
 US

Mailing Address

2646 S W MAPP ROAD
 STE 103
 PALM CITY FL 34990
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

305

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0654001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAGGETT, JOYCE A
 1467 SW PENINSULA LANE
 PALM CITY FL 34990

(ADDRESS CHANGE)

7. Name and Address of New Registered Agent

Name

BAGGETT, JOYCE A.

Street Address (P.O. Box Number is Not Acceptable)

2972 SW SUNSET TRACE CIRCLE

City

Palm City

FL

Zip Code

34990

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME P
 STREET ADDRESS BAGGETT, JOYCE A
 CITY-ST-ZIP 1467 SW PENINSULA LANE
 PALM CITY FL

TITLE ☒ Delete
 NAME V
 STREET ADDRESS WARNY, KATHY
 CITY-ST-ZIP 1213 NW BENTLEY CIR
 PORT SAINT LUCIE FL 34986

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME BAGGETT, JOYCE A.
 STREET ADDRESS 2972 SW SUNSET TRACE CIRCLE
 CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOYCE A. BAGGETT 772-287-2098

Date

Daytime Phone #

CR2E034 (4/02)