

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042514

1. Entity Name

ACHIEVE PROFITS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90061 008 ***150.00

Principal Place of Business

2800 S OCEAN BLVD
SUITE
BOCA RATON FL 33432
US

Mailing Address

2800 S OCEAN BLVD
SUITE
BOCA RATON FL 33432-8332
US

C0004343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

Suite 5-G

City & State

3. Mailing Address

Suite, Apt. #, etc.

Suite 5-G

City & State

4. FEI Number

65-0669898

Applied For

Not Applied

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

→ ELSNER, GARY H
10932 NORTH DANBURY WAY
BOCA RATON FL 33432
2800 S. Ocean Blvd.

7. Name and Address of New Registered Agent

Name

ELSNER, GARY H.

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

2800 S. Ocean Blvd, Suite 5-G

City

Boca Raton

FL

Zip Code

33432

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, 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, 2000 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

TITLE P
NAME ELSNER, GARY H
STREET ADDRESS 2800 S OCEAN BLVD SUITE 5-E
CITY-ST-ZIP BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

GARY H. ELSNER 1/18/00 561-393-8438