

2001~UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048394

1. Entity Name

MOTIVATIONAL PROFESSIONALS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90376 026 ***150.00

Principal Place of Business

7991 S 9TH AVE
 ST PETERSBURG FL 33707
 US

Mailing Address

7991 S 9TH AVE
 ST PETERSBURG FL 33707
 US

551024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0690661

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYMOND, SYLVIA
 5492 57TH AVE N
 ST PETERSBURG FL 33709

Name RAYMOND, SYLVIA

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

7991 9TH AVE. SOUTH

City St. Petersburg

FL

Zip Code 33707

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, 2001 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
 NAME RAYMOND, SYLVIA
 STREET ADDRESS 7991 S 9TH AVE
 CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

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

TITLE D
 NAME KESSOCK, CHARLES E
 STREET ADDRESS 7991 S 9TH AVE
 CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)