

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90101 011 ***150.00

DOCUMENT # **P96000048394**

1. Entity Name

MOTIVATIONAL PROFESSIONALS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

617 27TH AVE. NORTH

Suite, Apt. #, etc.

3. Mailing Address

617 27TH AVE. NORTH

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL 33704

City & State

ST PETERSBURG, FLORIDA

4. FEI Number

65-0690661

Applied For

Not Applicable

Zip

33704

Country

US

Zip

33704

Country

US

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

7. Name and Address of Current Registered Agent

Name

RAYMOND SYLVIA

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

617 27TH AVE. NORTH

City

ST. PETERSBURG

FL

Zip Code

33704

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

Sylvia Raymond Director

4/29/02

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **D**
NAME **RAYMOND SYLVIA**
STREET ADDRESS **617 27TH AVE. NORTH**
CITY - ST - ZIP **ST. PETERSBURG, FL 33704**

TITLE **D**
NAME **KESOCK, CHARLES E.**
STREET ADDRESS **617 27TH AVE. NORTH**
CITY - ST - ZIP **ST. PETERSBURG, FL 33704**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles E. Kesock Director

4/30/02

Date

727-823-7936

Daytime Phone #

CR2E034B (12/01)