2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000103536

1. Entity Name

DESTINATION? SUCCESS! SEMINARS, INC.



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90099 039 ***150.00

				- WE						
Principal Place of Business 773 S. KIRKMAN RD. SUITE 118 ORLANDO FL 32811		Mailing Address P. O. BOX 618366 ORLANDO FL 32861 US								
2. Principal Place of Business		3. Mailing Address					IKI BUIBI IKUKI DI	iles (1191 1116	NO 31918 0101 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. 6	1. FEI Number 59-3415156			pplied For lot Applicable	F
Zip	Country	Zip	Zip Cour		5. (8.75 Additional		
	6. Name and Address of Current R	egistered Agent	L	1	7. 1	Name and Address of New R			-	1
				Name				<u> </u>		1
DACEY, JUDITH E.				Street Address (P.O. Box Number is Not Acceptable)						╡╴
773 S. KI	RKMAN RD. # 118		Street Addres			ox number is not Acceptable	,			
ORLANDO	O FL 32835									
				. City			FL	Zip Cod	de	1
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	register	ed office or re	gistered ag	ent, or both, in the State of Flo	rida. I am fa	ımiliar with	, and accept	1
_										
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signature	required when re	instating)	- DATE			
	ILE NOW!!! FEE IS \$150.00									┪
	r May 1, 2003 Fee will be \$550.00	į				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
Make Check	k Payable to Florida Department of	State				Trust Fund Contributio	'. ⊔	Adde	d to rees	1
10.	OFFICERS AND D	IRECTORS	11.		AD	DITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	RS IN 11].
TITLE	PSTD Delete DACEY, JUDITH E.		TITL	E				☐ Change	Addition	ξ
NAME			NAM	1						1
STREET ADDRESS	773 S. KIRKMAN RD # 118 ORLANDO FL 32811			ET ADDRESS						3
CITY-ST-ZIP	ORLANDO FL 32811		-	'-ST-ZIP						إ
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP						ł
			-					☐ Change	Addition	4
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

MATURE AND TYPEO OR PRINTED PARIE OF SIGNING OFFICER OR DIRECTOR DO SOLO TIME

☐ Delete

04/05/0

(401) 298-4641

Daytime Phone #

Change

Addition

R2E034 (10/02)