5/9

2000 UNIFORM BUSINESS REPORT (UBR)

5/9/0

FILED
Jul 05, 2000 8:00 am
Secretary of State
05-09-2000 90130 030 ***158.75

DOCUMENT # P97000014095

1. Entity Name
International Institute for Success Strategies

Principal Place of Business
13498 Walsingham Road
Largo, FL 33774

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13498 Walsingham Road
Suite, Apt. #, etc.
City & State
Largo, FL
Zip
33774
County
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
County

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Michael Rodetsky
13498 Walsingham Road
Largo, FL 33774

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 (REQUIRED: Registered Agent Signature required when reinstated) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael Rodetsky 13498 Walsingham Road Largo, FL 33774 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Gloria Rodetsky 13498 Walsingham Road Largo, FL 33774 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Craig Rodetsky 13498 Walsingham Road Largo, FL 33774 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ellen Petracco 13498 Walsingham Road Largo, FL 33774 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Ellen Petracco Director 5/1/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

P97000001409 5

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Form **SS-4**
(Rev. April 1991)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN

OMB No. 1545-0003
Expires 4-30-94

Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.)
International Institute for Success Strategies Inc

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
13498 Walsingham Rd

5a Address of business (See instructions.)

4b City, state, and ZIP code
Largo FL 33774

5b City, state, and ZIP code

6 County and state where principal business is located
Pinellas FL

7 Name of principal officer, grantor, or general partner (See instructions.) ▶
Michael Rodetsky

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Individual SSN
- ☐ Estate
- ☐ Plan administrator SSN
- ☐ Trust
- ☐ Partnership
- ☐ REMIC
- ☐ Personal service corp.
- ☒ Other corporation (specify)
- ☐ Farmers' cooperative
- ☐ State/local government
- ☐ National guard
- ☐ Federal government/military
- ☐ Church or church controlled organization
- ☐ Other nonprofit organization (specify) — If nonprofit organization enter GEN (if applicable)
- ☐ Other (specify) ▶

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶	Foreign country	State
		FL

9 Reason for applying (Check only one box.)

- ☐ Started new business
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☒ Banking purpose (specify) ▶ Checking Account
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)	11 Enter closing month of accounting year. (See instructions.)
2/13/97	Dec

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ▶ NA

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* ▶	Nonagricultural	Agricultural	Household
	0	0	0

14 Principal activity (See instructions.) ▶

15 Is the principal business activity manufacturing? ☐ Yes ☐ No
If "Yes," principal product and raw material used ▶ NA

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ▶ ☒ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.* 727-593-3152 FAX #

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ Michael Rodetsky

Telephone number (include area code)
727 593-3353

Signature ▶

Date ▶ 5/31/00

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying