

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90029 037 \*\*\*150.00

**DOCUMENT # P97000064270**

1. Entity Name

**SUCCESS DYNAMICS, INC.**

Principal Place of Business

Mailing Address

~~455 SW 60TH AVE.~~  
~~PLANTATION FL 33317~~

~~455 SW 60TH AVE.~~  
~~PLANTATION FL 33317~~

2. Principal Place of Business

**3771 W. State Rd 84**

3. Mailing Address

**3771 W. St. Rd 84**

City & State

**DAVIE FL**

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0765102**

Applied For

Not Applicable

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

~~ERDLEE, ALAN~~  
~~455 SW 60TH AVE.~~  
~~PLANTATION FL 33317~~

Name **Alan Erdlee**

Street Address (P.O. Box Number is Not Acceptable)  
**3771 W. St. Rd. 84**

**#101**

City **DAVIE**

**FL**

Zip Code **33312**

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 **Alan Erdlee Director**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-27-01**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ERDLEE, ALAN</b>	
STREET ADDRESS	<b>C/O 455 SW 60TH AVE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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:

**Alan Erdlee Director**

Date

Daytime Phone #

**4-27-01 934583-5862**

CR2E034 (10/00)