

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90162 020 ***150.00

DOCUMENT #		P97000090112	
1. Entity Name SUCCESSFULL PRESENTATIONS, INC.			
Principal Place of Business %JENNIFER MOSS 7048 BERACASA WAY BOCA RATON FL 33433		Mailing Address %JENNIFER MOSS 7048 BERACASA WAY BOCA RATON FL 33433	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
MOSS, JENNIFER 7048 BERACASA WAY BOCA RATON FL 33433			Name
			Street Address (
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	PDTs MOSS, PETER 7048 BERACASA WAY BOCA RATON FL 33433		<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VD MOSS, JENIFER 7048 BERACASA WAY BOCA RATON FL 33433		<input type="checkbox"/> Delete
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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 Sec. 607, indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect as that of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, changed, or on an attachment with an address with a power like empowered.			
SIGNATURE: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PETER MOSS	