

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025745

1. Entity Name

SUCCESS ENTERPRISES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90182 020 ***150.00

Principal Place of Business

Mailing Address

2400 MAIN ST.

STE H

MONTROSE CO. 81401

60800 GUERNSEY DR.

MONTROSE CO 81401

P.O. Box 1067
Archer, FL 326

2. Principal Place of Business

8530 SW 170th St

3. Mailing Address

P.O. Box 1067

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Archer, FL

City & State

Archer, FL

4. FEI Number

59-3500051

Applied For

Not Applicable

Zip

Country

32618

Alachua

Zip

32618

Country

Alachua

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

LUCKEY, JOHN
4045 NW 43RD. ST.
STE A
GAINESVILLE FL 32606

Name

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

City

FL

Zip Code

8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

James S. Eavers

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-05-2000

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
PEavers
EQUERS, JAMES S
60800 GUERNSEY DR.
MONTROSE CO 81401 ☐ Delete
Please Correct

TITLE NAME STREET ADDRESS CITY-ST-ZIP
President
Eavers, James S.
P.O. Box 1067
Archer, FL 32618 ☒ 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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:

James S. Eavers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2000 (970)209-7094

Date

Daytime Phone #

CR2E034 (9/99)