

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096405

1. Entity Name

ULTIMATE SUCCESS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91060 001 *1,650.00

Principal Place of Business

Mailing Address

10575 OLD DIXIE HIGHWAY
ST. AUGUSTINE FL 32095

10575 OLD DIXIE HIGHWAY
ST. AUGUSTINE FL 33801-5252

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
500 S. Florida Avenue, Suite 240
City & State **Lakeland, FL 33801**

Suite, Apt. #, etc.
500 S. Florida Avenue, Suite 240
City & State **Lakeland, FL 33801**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3554496**

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

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

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.

(NOTE: Registered Agent signature required when reinstating)

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
PD
HART, JOHN B
10575 OLD DIXIE RD
ST AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 S. Florida Avenue, Suite 240 ☒ Change ☐ Addition
Lakeland, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WELLS, MARK R
10575 OLD DIXIE RD
ST AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 S. Florida Avenue, Suite 240 ☒ Change ☐ Addition
Lakeland, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
HART, LITA G
10575 OLD DIXIE RD
ST AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 S. Florida Avenue, Suite 240 ☒ Change ☐ Addition
Lakeland, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TAS
FITTERMAN, BARRY M
10575 OLD DIXIE RD
ST AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500 S. Florida Avenue, Suite 240 ☒ Change ☐ Addition
Lakeland, FL 33801

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

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, name or other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)