

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 APR 28 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P 99 0000 46944**  
 1. Entity Name  
**Success Systems Unlimited**  
**TRAINING and CONSULTANT SERVICES, INC.**

Principal Place of Business: **8435 Donald Rd.**  
**Sneads, FL 32460**  
 Mailing Address: **8435 Donald Rd.**  
**Sneads, FL 32460**

2. Principal Place of Business: **8435 Donald Rd.**  
 Suite, Apt. #, etc.  
 3. Mailing Address: **8435 Donald Rd.**  
 Suite, Apt. #, etc.

City & State: **Sneads, FL**  
 Zip: **32460** Country: **USA**  
 City & State: **Sneads, Florida**  
 Zip: **32460** Country: **USA**

4. FFL Number: **59-3636591**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Arnett M. Flowers**  
**8435 Donald Rd.**  
**Sneads, FL 32460**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: **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: DATE: **4/14/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE: <b>President</b>	<input type="checkbox"/> Delete
NAME: <b>Arnett M. Flowers</b>	
STREET ADDRESS: <b>8435 Donald Rd.</b>	
CITY-ST-ZIP: <b>Sneads, FL 32460</b>	
TITLE: <b>Vice President</b>	<input type="checkbox"/> Delete
NAME: <b>Mary E. Flowers</b>	
STREET ADDRESS: <b>8435 Donald Rd.</b>	
CITY-ST-ZIP: <b>Sneads, FL 32460</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
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: DATE: **4/15/00** DAYTIME PHONE #: **(850)-593-5622**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)