

# 2000 UNIFORM BUSINESS REPORT (UBR)

5

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90077 033 \*\*\*150.00

**DOCUMENT # P99000075499**

1. Entity Name

**SUCCESS BY CHOICE SYSTEMS AND DESIGNS INC.**

Principal Place of Business

Mailing Address

201 MIRACLE STRIP PKWY. S.E., STE. D  
 FT. WALTON BEACH FL 32548

201 MIRACLE STRIP PKWY. S.E., STE. D  
 FT. WALTON BEACH FL 32548-2818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3629445

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

**WENZEL, VALERIE**

201 MIRACLE STRIP PKWY. S.E., STE. D  
 FT. WALTON BEACH FL 32548

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, 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	President Valerie Wenzel 29 Country Club Rd Shalimar, FL 32579	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-W 850-301-1980

CR2034 (9/99)

Doc# P99000075499

106809

To Florida Dept. Of State

*I apologize for the delay in the return of this information for my corporation filing. I have been out of town for several weeks due to the illness and then death of my brother in Ohio.*

*There was no one to take care of the arrangements and I did not expect him to pass away so young. I thought that my trip to see him would be brief but it turned into a nightmare.*

*Enclosed is the information you requested. I was instructed by a woman who took my call at your office to send a letter of explanation with the form. Thank you for your understanding and cooperation.*

*If there is a problem please let me know.*

*Sincerely,*

*Valerie Wenzel*

*SUCCESS BY CHOICE SYSTEMS AND DESIGNS INC.*