FILED

Apr 28, 2002 8:00 am Secretary of State

04-28-2002 90787 021 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P99000075499

DOCUMENT #

1. Entity Name

SUCCESS BY CHOICE SYSTEMS AND DESIGNS INC.

Principal Pla	ace 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			
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Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
	المناب المحاجب		Name	· · · · · · · · · · · · · · · · · · ·	
	, VALERIE		Street Addre	ess (P.O. Box Number is Not Acceptable)	
201 MIR/	ACLE STRIP PKWY. S.E., STE. D		Street Addre	ss (F.O. box Number is Not Acceptable)	
ft. Wali	FON BEACH FL 32548				
			City	FL Zip Code	
8. The abov	re named entity submits this statement f	or the purpose of changing its	realstered office or real	stered agent, or both, in the State of Florida.	
	·	3 3 4	· · · · · · · · · · · · · · · · · · ·	ocoled agont, or both, in the diate of Horida.	
SIGNATURE					
<u> </u>	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating) DATE	-
9. This corp	poration is eligible to satisfy its Intangible	FILE NOW	!!! FEE IS \$150.00		
Tax filing	requirement and elects to do so.		02 Fee will be \$550.0	10. Election Campaign Financing \$5.00 May	Ве
(See crite	eria on back)	Make Check Dougle		Trust Fund Contribution. Added to Fee	
11.		Wake Check Payar	ole to Department of S	State Added to Fee	98
	OFFICERS AND	.	ole to Department of \$	State	-
TITLE	P	.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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13. I hereby certify that the information supplied with this filling 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 fine 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

OF SIGNING OFFICER OR DIRECTOR

Date Sayimp Property

CR2E034 (9/01)