

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90094 033 ***150.00

DOCUMENT # S91281

1. Entity Name

YOU CAN ACHIEVE, INC.

Principal Place of Business

Mailing Address

800 OLD COLUMBIA CITY RD.
 LAKE CITY FL 32055
 US

PO BOX 1867
 LAKE CITY FL 32056-1867
 US

2. Principal Place of Business

3. Mailing Address

820 OLD Columbia City Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake City, FL

Zip

Country

Zip

Country

32025

USA

4. FEI Number

59-3115334

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

SOUCINEK, FRANK JR
 820 OLD COLUMBIA CITY RD.
 LAKE CITY FL 32025

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 _____ (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 ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 P
 SOUCINEK, FRANK JR
 814 OLD COLUMBIA CITY RD
 LAKE CITY FL

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 P
 Soucinek, Frank Jr.
 820 Old Columbia City Rd.
 Lake City, FL 32025

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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 _____ SIGNATURE REQUIRED

Date

Daytime Phone #

1-20-2K

CR2E034 (9/99)