

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90019 027 \*\*\*150.00

**DOCUMENT # V21976**

1. Entity Name  
**ACHIEVEMENT DYNAMICS, INC.**

Principal Place of Business <b>9230 CYPRESS HOLLOW DRIVE          PALM BEACH GARDENS FL 33418</b>	Mailing Address <b>4362 N LAKE BLVD          SUITE 101          PALM BCH GARDENS FL 33410</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4362 NORTHLAKE BVD</b>	3. Mailing Address Suite, Apt. #, etc. <b>101</b>	4. FEI Number <b>65-0319237</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>PALM BEACH GARDENS</b>	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33410</b>	Country <b>USA</b>	Zip	Country

6. Name and Address of Current Registered Agent <b>CARLINO, ANGELO J.          4362 NORTHLAKE BLVD          STE 101          PALM BEACH GARDENS FL 33410</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *Angele Carlino* DATE 1/21/02

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CARLINO, ANGELO J.          4362 N LAKE BLVD STE 101          PALM BCH GARDENS FL 33410</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CARLINO, DIANE          4362 N LAKE BLVD STE 101          PALM BCH GARDENS FL 33410</b>	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"/> Delete	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: *Angele Carlino* **SIGNATURE REQUIRED** DATE 1/21/02 DAYTIME PHONE # 561 626 0676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)