

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L54450

1. Entity Name

SUSY INC.

FILED

Mar 03, 2000 8:00 am  
Secretary of State

03-03-2000 90203 024 \*\*\*150.00

Principal Place of Business

14 TARA LAKES DR EAST  
BOYNTON BEACH FL 33436  
US

Mailing Address

14 TARA LAKES DR. EAST  
BOYNTON BEACH FL 33436-6709  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6281 Floridian Cir.

Suite, Apt. #, etc.

6281 Floridian Cir.

City & State

Lake Worth FLA.

City & State

Lake Worth FLA.

Zip

Country

33463

US

Zip

Country

33463

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELMEDICO, REBECCA J  
14 TARA LAKES DR. EAST  
BOYNTON BEACH FL 33436

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 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)



**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 PD  
NAME UNDERKOFFLER, HELEN R  
STREET ADDRESS 14 TARA LAKES DRIVE EAST  
CITY-ST-ZIP BOYNTON BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

*Helen R. Underkoffler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-00 (561) 964-4622

CR2E034 (9/99)