2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97814

1. Entity Name

SPECIAL SERVICES AND PROGRAMS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90028 048 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
316 W. CENTRAL AVE. SUITE 607 WINTER HAVEN FL 33880 US	316 W. CENTRAL AVE. SUITE 607 WINTER HAVEN FL 33880-2970 US

2. Principal Place of Business	3. Mailing Address
1550 11th ST. NE	P.O. Box 7058
Suite, Apt. #, etc. F-2	Suite, Apt. #, etc.
City & State: Winter Haven Fl	City & State: Winter Haven Fl
Zip: 33881-2660 Country: Polk	Zip: 33883-7054 Country: Polk

4. FEI Number 59-3046128 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURNHAM, DARRELL E
316 WEST CENTRAL AVENUE
SUITE 607
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BURNHAM, DARRELL E. ~~316 W. CENTRAL AVE. #607~~ WINTER HAVEN FL ~~33880-~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition P.O. Box 7054 Winter Haven, Fl 33883-7054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURNHAM, DOROTHY E. ~~316 W. CENTRAL AVE. #607~~ WINTER HAVEN FL-~~33880~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition PO Box 7054 Winter Haven Fl 33883-7054
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: Dorothy E. Burnham Secy/Treas. 4/21/00 863-298-9545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #