

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

03-24-2003 90230 026 ****70.00

DOCUMENT # N02000001877

1. Entity Name

CAPITAL SUPPORT SERVICES, INC.



Principal Place of Business

**2013 ATAPHA NENE
TALLAHASSEE FL 32301**

Mailing Address

**2013 ATAPHA NENE
TALLAHASSEE FL 32301**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

50-0001247

Applied For

Not Applicable

5. Certificate of Status Desired

X **\$8.75** Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LITTLE, CHRISTOPHER B
2013 ATAPHA NENE
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/20/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME **P/D LITTLE, CHRISTOPHER B** ☐ Delete
STREET ADDRESS **2013 ATAPHA NENE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Chairman/Director (CD)** ☐ Change ☒ Addition
NAME **Julie Todd**
STREET ADDRESS **405 McKeithen Street**
CITY-ST-ZIP **Tallahassee, FL 32304**

TITLE **Director/Director (DD)** ☐ Change ☒ Addition
NAME **Shane Sygrett**
STREET ADDRESS **3914 Tralee Road**
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE **Treasurer/Director (TD)** ☐ Change ☒ Addition
NAME **Paul D. Little**
STREET ADDRESS **6003 N.W. 30th Place**
CITY-ST-ZIP **Gainesville, FL 32606**

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03

Date

850-567-0062

Daytime Phone #

CR2E037 (10/02)