

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04000000800

1. Entity Name
DIVORCE SUPPORT SERVICES, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State
02-21-2000 90026 035 ***150.00

Principal Place of Business	Mailing Address
365 FIFTH AVENUE SOUTH STE 202 NAPLES FL 34102	365 FIFTH AVENUE SOUTH STE 202 NAPLES FL 34102-6575

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HO, VICTORIA M
365 FIFTH AVENUE SOUTH STE 202
NAPLES FL 34102

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 _____ (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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
HO, VICTORIA M		NAME	
365 FIFTH AVENUE SOUTH STE 202		STREET ADDRESS	
NAPLES FL 34102		CITY-ST-ZIP	
V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FRAZIER, MARY E.		NAME	
365 FIFTH AVENUE SOUTH STE 202		STREET ADDRESS	
NAPLES FL 34102		CITY-ST-ZIP	
S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MURPHY, EDWIN		NAME	
365 FIFTH AVENUE SOUTH STE 202		STREET ADDRESS	
NAPLES FL 34102		CITY-ST-ZIP	
T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
GUALARIO, ANTHONY		NAME	
365 FIFTH AVENUE SOUTH STE 202		STREET ADDRESS	
NAPLES FL 34102		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		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: S. Victoria M. Frazier **REQUIRED** 2-9-00 941-775-2888

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

CR2E034 (9/99)