

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90479 034 ***150.00

DOCUMENT # N04000000800

1. Entity Name
DIVORCE SUPPORT SERVICES, INC.



Principal Place of Business
365 FIFTH AVENUE SOUTH STE 202
NAPLES FL 34102

Mailing Address
365 FIFTH AVENUE SOUTH STE 202
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

1100 FIFTH AVE S.

1100 FIFTH AVE S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

409

409

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34102

Country

Zip

34102

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, EDWIN
1300 THIRD STREET S, SUITE 302-B
NAPLES FL 34102

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MURPHY, EDWIN
STREET ADDRESS 1300 THIRD STREET S, SUITE 302-B
CITY-ST-ZIP NAPLES FL 34102 ☒ Delete

TITLE P
NAME ROCUANT, PAUL
STREET ADDRESS 1100 FIFTH AVE, S, SUITE 409
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE V
NAME FRAZIER, MARY E
STREET ADDRESS 814 ANCHOR RD DR
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

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

TITLE S
NAME ROCUANT, PAUL
STREET ADDRESS 1100 FIFTH AVENUE SOUTH, SUITE 409
CITY-ST-ZIP NAPLES FL 34102 ☒ Delete

TITLE S
NAME CONNIE BURKE
STREET ADDRESS 2600 AIRPORT ROAD S.
CITY-ST-ZIP NAPLES FL 34112 ☐ Change ☐ Addition

TITLE T
NAME GUALARIO, ANTHONY
STREET ADDRESS 791 10TH ST S
CITY-ST-ZIP NAPLES FL 34102 ☒ Delete

TITLE T
NAME ROBERT MATHESON
STREET ADDRESS 4501 TAMiami TR. N. SUITE 200
CITY-ST-ZIP NAPLES FL 34103 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 607, 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: PAUL ROCUANT, P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03

239 435-1900

Date

Daytime Phone #

CR2E034 (10/02)