

# 2000 UNIFORM BUSINESS REPORT (UBR)

0000125

**DOCUMENT # N37656**

1. Entity Name

**SUPPORT SERVICES INC.**

Principal Place of Business

Mailing Address

% JAMES L. STUCKEY  
PO BOX 547901  
ORLANDO FL 32854-7901

% JAMES L. STUCKEY  
PO BOX 547901  
ORLANDO FL 32854-7901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3001343**

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

**STUCKEY, JAMES L  
2908 BRIDGEGATE CT.  
ORLANDO FL 32822**

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

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME STUCKY, JAMES L  
STREET ADDRESS 2908 BRIDGEGATE CT  
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ Change ☐ Addition  
NAME 800003145418--6  
STREET ADDRESS -02/24/00--01005--002  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE PD ☐ Delete  
NAME STUCKY, JAMES L  
STREET ADDRESS 2908 BRIDGEGATE CT  
CITY-ST-ZIP ORLANDO FL 32822

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

TITLE TD ☐ Delete  
NAME LAWTON, RUTH  
STREET ADDRESS 1435 MAURY RD  
CITY-ST-ZIP ORLANDO FL 32804

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

TITLE SD ☐ Delete  
NAME TYLER, LYNNE  
STREET ADDRESS 709 KENMORE COURT  
CITY-ST-ZIP EUSTIS FL 32726

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 REQUIRED**

JAMES L. STUCKY

2-24-00

407-482-2449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

**FILED**

**00 FEB 21 PM 2:58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE