

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37656

1. Entity Name

SUPPORT SERVICES INC.

Principal Place of Business

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

Mailing Address

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

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

59-3001343

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STUCKEY, JAMES L
2908 BRIDGEGATE CT.
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

Street Address (R.A. Box is not allowed)

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
After September 12, 2001, min. will be \$236.25

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
(ALL SAME AS PRIOR)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
(ALL SAME AS PRIOR)

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

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

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

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 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

FILED
Sep 13, 2001 8:00 am
Secretary of State

01-26-2001 90027 047 ****35.00

09-13-2001 90047 012 ****61.25



DO NOT WRITE IN THIS SPACE

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