

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48738

1. Entity Name

SSOSS OUTREACH, INC.

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90124 001 ****61.25

0015106

Principal Place of Business

Mailing Address

P O BOX 5236
VERO BCH FL 32961
US

P O BOX 5236
VERO BCH FL 32961
US

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

65-0308232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STIMPLE-HASKELL, SUEANNA
975 ROYAL PALM BLVD
VERO BCH FL 32960

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 NAME	DP STIMPLE-HASKELL, SUEANNA	<input type="checkbox"/> Delete
STREET ADDRESS	975 ROYAL PALM BLVD	
CITY-ST-ZIP	VERO BCH FL 32960	
TITLE NAME	DVP HASKELL, ROGER L	<input type="checkbox"/> Delete
STREET ADDRESS	975 ROYAL PALM BLVD	
CITY-ST-ZIP	VERO BCH FL 32960	
TITLE NAME	D STIMPLE, BRADLEY T	<input type="checkbox"/> Delete
STREET ADDRESS	1365 N. HOYNE	
CITY-ST-ZIP	CHICAGO IL 60622	
TITLE NAME	D KILPATRICK, RACHELLE A	<input type="checkbox"/> Delete
STREET ADDRESS	4900 13TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32961	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)