## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N93000005071

## SUPPORT COORDINATION SERVICES, INC.

|   |   | 1 |
|---|---|---|
| Principal Place of Business                 | Mailing Address                             |   |
| 16260 SW 286 ST<br>HOMESTEAD FL 33033<br>US | 16260 SW 286 ST<br>HOMESTEAD FL 33033<br>US |   |
| 2. Principal Place of Business              | 3. Mailing Address                          |   |
| Suite, Apt. #, etc.                         | Suite, Apt. #, etc.                         |   |
| City & State                                | City & State                                |   |

## FILED Sep 08, 2002 8:00 am Secretary of State 09-08-2002 90051 031 \*\*\*\*61.25

| <del></del>   | <del></del>   |  |   |                                  |   |  | 4  |  |                                       |                              |
|---|---|--|---|----------------------------------|---|--|--|--|---------------------------------------|------------------------------|
| Principal Place of Business Mailing Address   |   |  |   |                                  |   |  |  |  |                                       |                              |
| 16260 SW 286 ST<br>HOMESTEAD FL 33033<br>US   |   |  | 16260 SW 286 ST<br>HOMESTEAD FL 33033<br>US |                                  |   | B0136019   |  |  |                                       |                              |
| 2. Principal Place of Business  |   | 3. Mai   | 3. Mailing Address                          |                                  |   |  |  |  |                                       |                              |
| Suite, Apt. #, etc.   |   | Su   | Suite, Apt. #, etc.                         |                                  |   | DO NOT WRITE IN THIS SPACE                             |  |  |                                       |                              |
| City & State  |   | Cit  | City & State                                |                                  |   | 4. FEI Number 65-0449943 Applied For                   |  |  |                                       |                              |
| Zip   | Zip Country Zip   |  | p Country                                   |                                  | 5. Certificate of Status Desired S8.75 Additional   |  |  |  |                                       |                              |
| 6. Name and Address of Current Registe  |   |  | nt Registers                                | od Agent                         |   |  | 7 Name and Add   | ress of New Registe  | Fee Require                           | <del>9</del> 0               |
| 4   | 07 11441114   | The Figure 5 of Content  | it riegistore                               | a Agent                          | Nam   | <del></del>  | 7. Name and Add  | ress of New negiste  | rea Agent                             |                              |
|   |   |  |   |                                  |   |  |  |  | <del>,</del>                          |                              |
| MCDONAL<br>16260 SW   | LD, DAVID   |  |   |                                  | Stree   | t Address (  | P.O. Box Number is I   | Not Acceptable)  |                                       |                              |
|   | AD FL 3303  | 33   |   |                                  |   |  |  |  |                                       |                              |
|   |   |  |   |                                  |   |  |  |  | FL Zip Coo                            |                              |
| 8. The above  | named entity<br>tions of regist   | y submits this statement f   | for the purp                                | ose of changing its              | registered office   | or register  | ed agent, or both, in  | the State of Florida.  | am familiar with                      | and accept                   |
| ine obliga  | tions of regist   | ered agent.  |   |                                  |   |  |  |  |                                       |                              |
| SIGNATURE   |   | or printed name of registered ager   | nt and little if app                        | licable. (NOTE                   | : Registered Agent sig  | nature required  | when reinstating)  |  | ATE                                   |                              |
|   |   | •  |   | •                                |   |  |  |  | ***                                   | ſ                            |
| - E = 1   | والتعاقبانين والالت   | والمناوية والمناوية والمناوية والمناوية والمناوية  | ا با سرمکتار تا                             |                                  |   |  |  |  |                                       |                              |
| en e e e e  |   | ember 13, 2002   | -2  | 9. Flection Carr                 | ınaign Financini  |  | ¢5.00  |  | est Poundia                           |                              |
| · · · · · · · · · · · · · · · · · · ·   | After Sept  | ember 13, 2002,<br>I be \$236.25.  |   | 9. Election Carr<br>Trust Fund C |   |  | \$5.00 May Be<br>Added to Fees   | Make Cl  | eck Payable<br>ment of State          |                              |
| *   | After Sept  | ember 13, 2002,<br>I be \$236.25.  |   |                                  | ontribution.  |  | Added to Fees  | Make Ci<br>Depart  | ment of State                         | •                            |
| 10.   | After Sept<br>min. wil  | ember 13, 2002,  |   | Trust Fund C                     | ontribution.  |  | Added to Fees  ADDITIONS/CHANGE  | Make CI<br>Depart  | ment of State                         | ) 10                         |
| *   | After Sept  | ember 13, 2002,<br>I be \$236.25.  |   |                                  | 11.   |  | Added to Fees  ADDITIONS/CHANGE  | Make CI<br>Depart  | ment of State                         | •                            |
| 10.   | After Sept<br>min. will<br>PD<br>MCDONAL  | ember 13, 2002,<br>I be \$236.25.  OFFICERS AND D  D, KATHRYN  |   | Trust Fund C                     | ontribution.  |  | Added to Fees  ADDITIONS/CHANGE  | Make CI<br>Depart  | ment of State                         | ) 10                         |
| 10.<br>TITLE<br>NAME  | After Sept  | ember 13, 2002,<br>I be \$236.25.<br>OFFICERS AND D<br>D, KATHRYN<br>62 CT   |   | Trust Fund C                     | 11. TITLE NAME  | 7 P D A v S 162  | Added to Fees  ADDITIONS/CHANGI  ADDITIONS/CHANGI  ADDITIONS/CHANGI  | Make CI<br>Depart<br>S TO OFFICERS AND<br>ON A LD<br>S G S T           | ment of State  DIRECTORS IN  ☐ Change | ) 10                         |
| 10. TITLE NAME STREET ADDRESS   | PD MCDONAL 17325 NW MIAMI FL SD   | ember 13, 2002,<br>I be \$236.25.<br>OFFICERS AND D<br>D, KATHRYN<br>62 CT<br>33015  |   | Trust Fund C                     | 11. TITLE NAME STREET ADDRES  | 7 P D A v S 162 S P S P                                | Added to Fees  ADDITIONS/CHANGE  ADDITIONS/CHANGE  ADDITIONS/CHANGE  ADDITIONS/CHANGE  ADDITIONS/CHANGE  ADDITIONS/CHANGE  ADDITIONS/CHANGE  ADDITIONS/CHANGE  | Make CI<br>Depart<br>ES TO OFFICERS AN<br>ON A LD<br>SG ST<br>F ( 330) | ment of State  DIRECTORS IN  ☐ Change | ) 10                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | PD MCDONAL 17325 NW MIAMI FL SD MCDONAL   | ember 13, 2002,<br>I be \$236.25.  OFFICERS AND D  D, KATHRYN 62 CT 33015  D, BRIAN  |   | Trust Fund C                     | 11. TITLE NAME STREET ADDRES CITY-ST-ZIP  | 7 P D A v S 162 S P S P                                | Added to Fees  ADDITIONS/CHANGE  ADDITIONS/CHANGE  ADDITIONS/CHANGE  ADDITIONS/CHANGE  ADDITIONS/CHANGE  ADDITIONS/CHANGE  ADDITIONS/CHANGE  ADDITIONS/CHANGE  | Make CI<br>Depart<br>ES TO OFFICERS AN<br>ON A LD<br>SG ST<br>F ( 330) | D DIRECTORS IN Change                 | N 10 Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | PD MCDONAL 17325 NW MIAMI FL SD MCDONAL 17325 NW  | ember 13, 2002,<br>I be \$236.25.<br>OFFICERS AND D<br>D, KATHRYN<br>62 CT<br>33015<br>D, BRIAN<br>62 CT   |   | Trust Fund C                     | 11. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES   | 7 P P P P P P P P P P P P P P P P P P P                | Added to Fees  ADDITIONS/CHANGE  TO MESTER  THE  | Make CI<br>Depart<br>ES TO OFFICERS AN<br>ONA LD<br>36 ST<br>F ( 330)  | D DIRECTORS IN Change                 | N 10 Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD MCDONAL 17325 NW MIAMI FL SD MCDONAL 17325 NW MIAMI FL SD MCDONAL 17325 NW MIAMI FL SC | ember 13, 2002,<br>I be \$236.25.<br>OFFICERS AND D<br>D, KATHRYN<br>62 CT<br>33015<br>D, BRIAN<br>62 CT   |   | Trust Fund C                     | 11. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP   | 7 P P P P P P P P P P P P P P P P P P P                | Added to Fees  ADDITIONS/CHANGI  OF FOR THE SECOND TO SE | Make CI<br>Depart<br>S TO OFFICERS AND<br>ON A LD<br>36 ST<br>F ( 330) | D DIRECTORS IN  Thange                | A 10 Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | PD MCDONAL 17325 NW MIAMI FL 3 NW MIAMI FL 3 TD   | ember 13, 2002,<br>I be \$236.25.<br>OFFICERS AND D<br>D, KATHRYN<br>62 CT<br>33015<br>D, BRIAN<br>62 CT<br>33015                                  |   | Trust Fund C                     | 11. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE   | 7 P P P P P P P P P P P P P P P P P P P                | Added to Fees  ADDITIONS/CHANGI  OF FOR THE SECOND TO SE | Make CI<br>Depart<br>S TO OFFICERS AND<br>ON A LD<br>36 ST<br>F ( 330) | D DIRECTORS IN  Thange                | N 10 Addition                |
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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:

1/07 3050470050