≈ 2903 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001286

1. Entity Name

SIGNATURE:

CONSUMER SUPPORT SERVICES, INCORPORATED



FILED Feb 20, 2003 8:00 am Secretary of State 02-20-2003 90128 005 ****70.00

Principal Place of Business 157 EAST 8TH STREET SUITE 116 JACKSONVILLE FL 32206		157 EA Suite	Mailing Address 157 EAST 8TH STREET SUITE 116 JACKSONVILLE FL 32206			 	181 81171 88111 88111 88		 	740 AJD 4604	
2. Principal Place of Business		3. Mail	3. Mailing Address							Ufa aun ira	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			y & State	 		4. FEI Number 59-3303369			Applied For Not Applicable		
Zip Country			Zip						8.75 Additional		
	6. Name and Address of	Current Registere	d Agent			7. Name and Add	ress of New Reg				ĺ
STEVENS 157 EAS #116	Name Street	Name Street Address (P.O. Box Number is Not Acceptable)									
JACKSONVILLE FL 32206				City	ity			FL	FL Zip Code		
SIGNATURE	Signature, typed or printed name of regis		icable: (NOTE: 9. Election Cam Trust Fund Co		ature required	when reinstating) \$5.00 May Be Added to Fees		Check F			}
					•		1101144	- орани		,	
10.		AND DIRECTORS		11.	,	ADDITIONS/CHANGE	S TO OFFICERS	AND DIRE	CTORS IN	10	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED STEVENSON, MICHAEL T 1141 WHITEBAY LANE JACKSONVILLE FL 32245		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	C0/01/ /20/02
TITLE Name Street adoress City-St-Zip	CD SARKEES, FRED 8648 LINCOLNSHIRE RD. JACKSONVILLE:FL=32217	až s po s	Delete	TITLE NAME STREET ADDRESS - CITY-ST-ZIP	CO Ba P.O	Bura-Sa Box 4779 chromille re Diacas	ncley - S	alaya 3.220	Change	Addition	2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROUCH, PHIL 2223 THE WOODS DRIVE JACKSONVILLE FL 32246		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mit 401 Jacs	se Diacas 63 Lalisbr kronville,	a rd Si	2216	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIVESAY, JULIE 2042 N. LAURA JACKSONVILLE FL 32206		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 60 at	vesay, gr 1 Paradise tontic B	lie Ct each of	ة 3. يا 3	Change 223	☐ Addition	
TITLE VAME 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	
2. I hereby of indicated of the corporated, changed,	ertify that the information supp on this report or supplemental poration or the receiver or trust or on an attachment with an ac	lied with this filing of report is true and a ee empowered to a ddress, with all otye	does not qualify for to ocurate and that my xecute this report as or like empowered.	he exemption start signature shall he s required by Cha	ited in Sec nave the s upter 617,	ction 119.07(3)(i), Flor ame legal effect as if Florida Statutes; and	rida Statutes. I fur made under oath I that my name ap	ther certify ; that I am a pears in Bi	that the in an officer of ock 10 or	formation or director Block 11 if	