

2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # N95000002227

1. Entity Name
S.U.P.P.O.R.T., Inc.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1001 N. Florida Ave.
Tampa, FL 33602

Mailing Address
PO Box 15596
Tampa, FL 33684

2. Principal Place of Business
526 W. Sligh Avenue

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State

Zip
33614

Country
US

4. FEI Number
59-3463611

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
Giles, John L. Rev.
8716 Boysenberry Dr.
Tampa, FL 33635

7. Name and Address of New Registered Agent
Name: Karan Buford
Street Address (P.O. Box Number is Not Acceptable):
4208 Brentwood Park Circle
City: Tampa FL Zip Code: 33624

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: *Karan Buford*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000003323990--6
-07/17/00--01011--011
*****70.00 *****70.00
DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD Giles, John L 8716 Boysenberry Dr., Tampa, FL 33635 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jackson, Jimmie 2001 E. Emma, Tampa, FL 33610 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anderson, Lawrence 3703 E. Shadowlawn Ave., Tampa, FL 33635 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Washington, George 3608 E. Lambright St., Tampa, FL 33610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Buford, Karan 4208 Brentwood Park Circle, Tampa, FL 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Porter, Ann 2310 N. Boulevard, Tampa, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Staley, Bryant 3109 W. Dr. Martin Luther King Jr. Blvd. Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cooke, Lenox 5310 N. Rome, Tampa, FL 33603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Luis, Nelson 901 E. Kennedy Blvd., Tampa, FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 another like empowered.

SIGNATURE: *Karan Buford, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)

2082

**ATTACHMENT TO THE 2000
UNIFORM BUSINESS REPORT (UBR)**

Additions/Changes to Officers and Directors

Additional Director

Friedler, Moshe
3706 W. Oklahoma
Tampa, FL 33611