

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90237 019 ****70.00

DOCUMENT # N95000002227

1. Entity Name

S.U.P.P.O.R.T., INC.

LA

Principal Place of Business

Mailing Address

**2526 W. SLIGH AVENUE
 TAMPA FL 33614**

**PO BOX 15596
 TAMPA FL 33684**

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

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

7. Name and Address of New Registered Agent

**BUFORD, KARAN
 4208 BRENTWOOD PARK CIRCLE
 TAMPA FL 33624**

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

Karan Buford **Karan Buford, President** *July 26, 2001*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	WASHINGTON, GEORGE	
STREET ADDRESS	3608 E. LAMBRIGHT STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BUFORD, KARAN	
STREET ADDRESS	4208 BRENTWOOD PARK CIRCLE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PORTER, ANN	
STREET ADDRESS	2310 N. BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STALEY N, BRYANT	
STREET ADDRESS	3109 W. DR. MARTIN LUTHER KING JR. BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOKE, LENOX	
STREET ADDRESS	5310 N. ROME	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUIS, NELSON	
STREET ADDRESS	901 E. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Karan Buford* **Karan Buford** *July 26, 2001* (813) 960-9241

CR2E037 15/01