


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90275 010 ****70.00

DOCUMENT # N95000002227

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



Principal Place of Business Mailing Address

2526 W. SLIGH AVENUE **PO BOX 15596**
TAMPA FL 33614 **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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BUFORD, KARAN
4208 BRENTWOOD PARK CIRCLE
TAMPA FL 33624

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <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	BRYANT, STALEY N
STREET ADDRESS	4412 CLIMBING IVY
CITY-ST-ZIP	TAMPA FL 33618
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	- Treasurer <input checked="" 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	
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* **April 21, 2003** **(813) 960-9241**

CR2E037 (10/02)