

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002292

1. Entity Name

INDEPENDENT SOCIAL SERVICES, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90004 037 ****61.25

Principal Place of Business

Mailing Address

3105 W WATERS AVE
 #208
 TAMPA FL 33614

7301 TWELVE OAKS BLVD.
 TAMPA FL 33634-2271

2. Principal Place of Business

3. Mailing Address
 3105 W. Waters Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 #208

City & State

City & State
 Tampa, FL

4. FEI Number

59-3319032

Applied For

Not Applicable

Zip

Country

Zip

Country

33614 Hillsborough

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEITHLY, BARBARA
 3105 W WATERS AVE
 TAMPA FL 33614

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

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

(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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	CAMERON, KEVIN	
STREET ADDRESS	3333 HENDERSON BLVD STE 120	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBBIN, KEITHLY	
STREET ADDRESS	3433 OAK TR CT	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEEKES, THOMAS	
STREET ADDRESS	PO BOX 360205	
CITY-ST-ZIP	TAMPA FL 33673	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KEITHLY, BARBARA	
STREET ADDRESS	3105 W WATERS AVE #208	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<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		

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: Barbara Keithly **KEITHLY, BARBARA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00 (813) 935-4894

Date

Daytime Phone #

CR2E037 (9/99)