

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005271

1. Entity Name

SOFTWARE SUPPORT CONSORTIUM, INC.

FILED

Feb 19, 2002 8:00 am  
Secretary of State

02-19-2002 90091 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8444 GASKIN ROAD  
BALDWINVILLE NY 13027  
US

8444 GASKIN ROAD  
BALDWINVILLE NY 13027  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2211614

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHERRY, JOHN E  
1900 S.E. 4TH STREET  
GAINESVILLE FL 32641

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 P/D ☐ Delete  
NAME THOMAS, FRED N., JR.  
STREET ADDRESS 1800 FARM WORKERS WAY  
CITY-ST-ZIP IMOKALEE FL 33934-5544

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S/D ☐ Delete  
NAME BROTHERS, LORIE  
STREET ADDRESS 8444 GASKIN RD.  
CITY-ST-ZIP BALDWINVILLE NY 13027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME ~~LEWIS, JUDITH~~ *April 2002*  
STREET ADDRESS 516 BURT STREET  
CITY-ST-ZIP SYRACUSE NY 13202

TITLE ☒ Change ☐ Addition  
NAME *Lewis, Judith*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME *Traci...*  
STREET ADDRESS *7370 Reservoir St.*  
CITY-ST-ZIP *Elmira, N.Y. 14905*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2002

Date

315-622-1488

Daytime Phone #

CR2E037 (9/01)