

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90064 046 ****70.00

DOCUMENT # N99000005230

1. Entity Name

SUPPORTS UNLIMITED ENRICHMENT CENTER, INC.

Principal Place of Business

1377 VICKERS LAKE DR.
 OCOEE FL 34761

Mailing Address

P.O. BOX 616090
 ORLANDO FL 32861-6090

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3600347

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DEMINGS, TERRY
1377 VICKERS LAKE DR.
OCOEE FL 34761

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

TITLE **D** ☐ Delete
 NAME **DEMINGS, TERRY**
 STREET ADDRESS **1377 VICKERS LAKE DR.**
 CITY-ST-ZIP **OCOEE FL 34761**

TITLE **D** ☒ Delete
 NAME **DEMINGS, JERRY**
 STREET ADDRESS **1377 VICKERS LAKE DR.**
 CITY-ST-ZIP **OCOEE FL 34761**

TITLE **D** ☒ Delete
 NAME **WELCH, KARLA**
 STREET ADDRESS **2828 HICKORY CREEK DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
 NAME **PATRICIA SIMON**
 STREET ADDRESS **2020 BRITON BLVD.**
 CITY-ST-ZIP **ORLANDO, FLORIDA 32805**

TITLE ☐ Change ☒ Addition
 NAME **ELIZABETH MORGAN**
 STREET ADDRESS **3180 SILVER STAR ROAD**
 CITY-ST-ZIP **ORLANDO, FLORIDA 32808**

TITLE ☐ Change ☒ Addition
 NAME **JAY MORGAN**
 STREET ADDRESS **3180 SILVER STAR ROAD**
 CITY-ST-ZIP **ORLANDO, FLORIDA 32808**

TITLE ☐ Change ☐ Addition
 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

8/1/02

(407) 522-5243

CR2E037 (4/02)