

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90342 019 ***150.00

DOCUMENT # P00000003534

1. Entity Name

SUSAN J. HEADLEY - SOCIAL SECURITY ASSISTANCE SE

Principal Place of Business

Mailing Address

1 GAIL RD.
SEBASTIAN FL 32958-3501

1 GAIL RD.
SEBASTIAN FL 32958-3501

2. Principal Place of Business

3. Mailing Address

PO Box 280

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROSELAND FL

4. FEI Number

65-0973202

Applied For

Not Applicable

Zip

Country

32957-0280

Country

INDIAN RIVER

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

HEADLEY, SUSAN J
1 GAIL RD.
SEBASTIAN FL 32958-3501

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

Susan J Headley **SUSAN J HEADLEY PRESIDENT 02/28/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HEADLEY, SUSAN J**
CITY-ST-ZIP **1 GAIL RD.**
SEBASTIAN FL 32958-3501

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan J Headley **SUSAN J HEADLEY 02/28/01 561-321-8313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)