

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90355 040 \*\*\*150.00

DOCUMENT # **P00000102355**

1. Entity Name

SUPPORTIVE SERVICES, INC.

Principal Place of Business

Mailing Address

721 Northlake Blvd.  
 Palm Beach Gardens, FL 33408  
 US

12700 Prosperity Farms Rd.  
 Palm Beach Gardens, FL 33410  
 US

768661

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

65-1068304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Marie Rhoads  
 12700 Prosperity Farms Rd.  
 Palm Beach Gardens, FL 33410

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

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 P/D ☐ Delete  
 NAME Rhoads, Marie  
 STREET ADDRESS 12700 Prosperity Farms Rd.  
 CITY-ST-ZIP Palm Beach Gardens, FL 33410

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

TITLE V/T/D ☐ Delete  
 NAME Rhoads, George  
 STREET ADDRESS 12700 Prosperity Farms Rd.  
 CITY-ST-ZIP Palm Beach Gardens, FL 33410

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(a), 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 registered agent, and that I am authorized to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 11 or Block 12, changed, or on an attachment, with all other like empowered.

SIGNATURE:

*Marie Rhoads*

May 1, 2001

(561)626-8656