

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90396 014 ***150.00

DOCUMENT # <u>P02000103114</u>	
1. Entity Name <u>NORTH FLORIDA SUPPORT SERVICES, INC.</u>	

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business <u>LEON COUNTY</u>		3. Mailing Address <u>201 EMMETT DR.</u>	
Suite, Apt. #, etc. <u>P.O. BOX 180874</u>		Suite, Apt. #, etc.	
City & State <u>TALLAHASSEE, FL</u>		City & State <u>NICEVILLE, FL</u>	
Zip <u>32318</u>	Country <u>USA</u>	Zip <u>32578</u>	Country <u>USA</u>

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DO NOT WRITE IN THIS SPACE		4. FEI Number <u>75-3082028</u>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent				
Name <u>HEATHER BARRETT-TIDWELL</u>				
Street Address (P.O. Box Number is Not Acceptable) <u>201 EMMETT DRIVE</u>				
City <u>NICEVILLE</u>		FL	Zip Code <u>32578</u>	

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 <u>HBTidwell</u>	DATE <u>4/28/03</u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P.S. IT</u> <u>HEATHER BARRETT-TIDWELL</u> <u>201 EMMETT DRIVE</u> <u>NICEVILLE, FL 32578</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>HBTidwell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4/28/03</u> Daytime Phone # <u>850-678-3939</u>