

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000118421

FILED
Apr 29, 2003
Secretary of State

Entity Name: CIRCLES OF SUPPORT, INC.

Current Principal Place of Business:

7 WIMBLEDON WAY
SHALIMAR, FL 32579

New Principal Place of Business:

11 SE EGLIN PKWY
#8
FT WALTON BEACH, FL 32548

Current Mailing Address:

7 WIMBLEDON WAY
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 52-2385363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, BRENDA D
7 WIMBLEDON WAY
SHALIMAR, FL 32579

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BOYLE, BRENDA D
Address: 7 WIMBLEDON WAY
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: BOYLE, ROBERT F
Address: 7 WIMBLEDON WAY
City-St-Zip: SHALIMAR, FL 32579

Title: P () Delete
Name: CHISOLM, TRACY
Address: 2805 ULTRA LN
City-St-Zip: CRESTVIEW, FL 32539

Title: V () Delete
Name: CHISOLM, KIM
Address: 4344 LANGLEY AVE APT F138
City-St-Zip: PENSACOLA, FL 32504

Title: ST () Delete
Name: RICE, LEIGH
Address: 16 NORTH AVE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT F BOYLE

D

04/29/2003

Electronic Signature of Signing Officer or Director

Date