


2004 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>P03000142668</u>	
1. Entity Name <u>SSC Services of Flagler County</u>	

FILED  
04 NOV 18 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>6674 Hibiscus</u>	3. Mailing Address <u>6674 Hibiscus St</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <u>Bunnell FL</u>	City & State <u>Bunnell FL</u>
Zip <u>32110</u>	Zip <u>32110</u>
County <u>Flagler</u>	County <u>Flagler</u>

**REINSTATEMENT 04**

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4. FE Number <u>20-0433242</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name <u>Joe Loguidice CPA</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1515 Ridge Wood Ave</u>	
<u>Ste A</u>	
City <u>Holly Hill</u>	FL <u>32117</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 [Signature] (NOTE: Registered Agent Signature required when reinstating) DATE 11/1/04

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 Schmidt Evelyn</u> <u>6674 Hibiscus Street</u> <u>Bunnell FL 32110</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP Eddy Timothy</u> <u>6674 Hibiscus Street</u> <u>Bunnell FL 32110</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: [Signature] DATE 11/10/04 (586) 804-1000

Florida Department of State  
Attn: (UBR 2004)  
P O Box 6327  
Tallahassee, FL 32314-6327

November 12, 2004

Dear Sir or Madam:

As per our conversation 11/10/04 with your office, this letter is to inform your office that

We never received our 2004 uniform business report. Our office spoke with a supervisor this person advised me to let your office know of the correct address.

Your office also said a penalty fees would be waved due to this never happening before.

Furthermore due to the hurricanes we were put behind in any processing of mail and bill paying.

Please make the Correct changes to my records and file my corporation UBR from for 2004.

Thank you for your time in concerning this matter.

Sincerely,

SSC Services of Flagler County, Inc