

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008977

1. Entity Name

DISABILITY SUPPORT SERVICES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90192 011 ***150.00

Principal Place of Business

1100 CESERY BLVD
SUITE 20
JACKSONVILLE FL 32211-5656
US

Mailing Address

1100 CESERY BLVD
SUITE 20
JACKSONVILLE FL 32211-5782
US

2. Principal Place of Business

6501 ARLINGTON EXPRESSWAY

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE B 100

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLA.

City & State

Zip

32211

Country

USA

Zip

Country

4. FEI Number

59-3164519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, JOHN S
1100 CESERY BLVD
SUITE 20
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

HARRIS, JOHN S.

Street Address (P.O. Box Number is Not Acceptable)

6501 ARLINGTON EXPRESSWAY

SUITE B 100

City

JACKSONVILLE

FL

Zip Code

32211

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 JOHN S. HARRIS

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

(NOTE: Registered Agent signature required when reinstating)

3/31/2000

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, 2000 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

TITLE PTD ☐ Delete
NAME HARRIS, JOHN S
STREET ADDRESS 1100 CESERY BLVD. SUITE 20
CITY-ST-ZIP JACKSONVILLE FL

TITLE VSD ☐ Delete
NAME HARRIS, DONNA C
STREET ADDRESS 1100 CESERY BLVD SUITE 20
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6501 ARLINGTON EXPRESSWAY, SUITE B100
CITY-ST-ZIP JACKSONVILLE, FLA. 32211

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6501 ARLINGTON EXPRESSWAY, SUITE B100
CITY-ST-ZIP JACKSONVILLE, FLA. 32211

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
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 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:

JOHN S. HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2000

Date

904 725 9003

Daytime Phone #

CR2E034 (9/99)