

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90146 040 \*\*\*550.00

DOCUMENT # **793000057830**  
 1. Entity Name  
**Social Security Advocates, Inc** *Q*

Principal Place of Business Mailing Address  
**2101 5th Avenue** | **same**  
**St. Petersburg, FL 33713**

2. Principal Place of Business 3. Mailing Address  
**2101 5th Avenue N** | **same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**St. Petersburg, FL** | **FL**  
 Zip Country Zip Country  
**33713** | **USA**

4. FEI Number Applied For  
**59-3203033** | Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

*BUUBJUUU*

6. Name and Address of Current Registered Agent  
**Chris Marois**  
**2101 5th Avenue**  
**St. Pete, FL 33713**

7. Name and Address of New Registered Agent  
 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 *Michele Marois*  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President Michele Marois</b> <b>2101 5th Avenue N.</b> <b>St. Petersburg, FL 33713</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Chris Marois</b> <b>2101 5th Ave N.</b> <b>St. Petersburg, FL 33713</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michele Marois* **Michele Marois** **9/1/01** **727-327-0931**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/01)

Attachment  
ID# PG3000057830  
ADD CASS 80

CHRIS MAROIS  
2101 5TH AVE., N.  
ST. PETERSBURG, FL 33713

7273270931

Request taken by: reenglish  
07-27-2001

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314