

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062903

1. Entity Name
SYSTEM SUBCONTRACTING SERVICES, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90124 046 ***150.00

Principal Place of Business
5594 NORTH ORANGE BLOSSOM TRAIL
SUITE 117
ORLANDO FL 32810
US

Mailing Address
5594 NM ORANGE BLOSSOM TRAIL
SUITE 117
ORLANDO FL 32810
US

D0052605



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

111 Lamplighter Rd
Suite, Apt. #, etc.

3. Mailing Address

111 Lamplighter Rd
Suite, Apt. #, etc.

City & State

Altamonte Spgs, FL

City & State

ALTAMONTE Spgs, FL

4. FEI Number 59-3207982

Applied For

Not Applicable

Zip

32714

Country

USA

Zip

32714

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARGROVE, CHARLES D
801 N MAGNOLIA AVE
STE 402
ORLANDO FL 32803

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

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HALPERN, NEIL C
STREET ADDRESS 975 N ELDER RD
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE P.
NAME Neil C. Halpern
STREET ADDRESS 111 Lamplighter Rd
CITY-ST-ZIP ALTAMONTE Spgs FL 32714 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Neil C. Halpern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

4074665160

Daytime Phone #

CR2E034 (10/00)