

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072195

1. Entity Name

SUPPORT 100, INC.

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90141 010 ***150.00

Principal Place of Business Mailing Address
6767 N. WICKHAM RD 4975 PINEWOOD PL
#101 COCOA FL 32926-3453
MELBOURNE FL 32940

2. Principal Place of Business 3. Mailing Address
4975 Pinewood Place Suite, Apt. #, etc.

City & State City & State
Cocoa, FL 32926

Zip Country Zip Country
32926 USA

4. FEI Number 59-3216008 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
COOK, WALLACE R
4975 PINEWOOD PL
COCOA FL 32926

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 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. ☐ 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, WALLACE R	NAME	
STREET ADDRESS	4975 PINEWOOD PL	STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JUDITH A	NAME	
STREET ADDRESS	4975 PINEWOOD PL	STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Judith A. Cook 4/28/00 321-636-2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)