

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91339 044 ***150.00

DOCUMENT # P95000039308

1. Entity Name

Supportive Senior Services, Inc.

Principal Place of Business

Mailing Address

13317-B Thomasville Circle
 Tampa, FL 33617

13317-B Thomasville Circle
 Tampa FL 33617

2. Principal Place of Business

2115 Alameda Ave.

3. Mailing Address

2115 Alameda Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

59-3352188

Applied For

Not Applicable

Zip

34234

Country

USA

Zip

34234

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

Silberstein, Mark F
 13317-B Thomasville Circle
 Tampa, FL 33617

Name Jan Silberstein

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

2115 Alameda Ave.

City Sarasota

FL

Zip Code 34234

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

Jan Silberstein

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

(NOTE: Registered Agent signature required when reinstating)

4/26/01

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 ☒ Delete
NAME Silberstein, Mark
STREET ADDRESS 13317-B Thomasville Circle
CITY-ST-ZIP Tampa, FL 33617

TITLE Director, President, Secretary, Tres. ☒ Change ☒ Addition
NAME Jan Silberstein
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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)(l), 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:

Jan Silberstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Code

Daytime Phone #

CR2E034 (11/00)