

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90126 025 ***150.00

DOCUMENT # P95000043059

1. Entity Name

STORE SUPPORT, INC.

Principal Place of Business	Mailing Address
250 SOUTH AUSTRALIAN AVE 13TH FLOOR WEST PALM BEACH, FL 33401	C/O TAX DEPT 21001 VAN BORN ROAD TAYLOR, MI 48180-1340 US

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number	Applied For
65-0584777	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S PINE ISLAND ROAD
 PLANTATION, FL 33324

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. (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	P	<input type="checkbox"/> Delete
NAME	KAREN MATHEWS	
STREET ADDRESS	250 S AUSTRALIAN AVE, 13TH FLR	
CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RAYMOND F. KENNEDY	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY - ST - ZIP	TAYLOR, MI 48180	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MICHAEL CONNELLY	
STREET ADDRESS	250 S AUSTRALIAN AVE, 13TH FLR	
CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	EUGENE A. GARGARO, JR.	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY - ST - ZIP	TAYLOR, MI 48180	
TITLE	DVTAS	<input type="checkbox"/> Delete
NAME	RICHARD G. MOSTELLER	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY - ST - ZIP	TAYLOR, MI 48180	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVID A. DORAN	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY - ST - ZIP	TAYLOR, MI 48180	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: DAVID A. DORAN DAVID A. DORAN, VP 4/27/00 313/274-7400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #