

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90182 025 ***150.00

DOCUMENT # P95000043059

1. Entity Name
STORE SUPPORT, INC.

Principal Place of Business
**250 AUSTRALIAN AV
13TH FLOOR
WEST PALM BEACH FL 33401
US**

Mailing Address
**250 AUSTRALIAN AV
13TH FLOOR
WEST PALM BEACH FL 33401
US**

2. Principal Place of Business
250 S. Australian Ave.

Suite, Apt. #, etc.
13th. Floor

City & State
West Palm Beach, FL

Zip
33401

Country
US

3. Mailing Address
c/o Tax Department

Suite, Apt. #, etc.
21001 Van Born Road

City & State
Taylor, MI

Zip
48180

Country
US

4. FEI Number **65-0584777**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CONNELLY, MICHAEL A.
250 AUSTRALIAN AVE., 13TH FLOOR
WEST PALM BEACH FL 33401**

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, 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

TITLE **ST** ☐ Delete
NAME **CONNELLY, MICHAEL A.**
STREET ADDRESS **250 S. AUSTRALIAN AVE., 13TH FLOOR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **PD** ☐ Delete
NAME **MATHEWS, KAREN A**
STREET ADDRESS **250 S. AUSTRALIAN AVE., 13TH FLOOR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AT AS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V S D** ☐ Change ☒ Addition
NAME **Eugene A. Gargaro, Jr.**
STREET ADDRESS **21001 Van Born Road**
CITY-ST-ZIP **Taylor, MI 48180-1340**

TITLE **V D** ☐ Change ☒ Addition
NAME **Raymond F. Kennedy**
STREET ADDRESS **21001 Van Born Road**
CITY-ST-ZIP **Taylor, MI 48180-1340**

TITLE **V T AS D** ☐ Change ☒ Addition
NAME **Richard G. Mosteller**
STREET ADDRESS **21001 Van Born Road**
CITY-ST-ZIP **Taylor, MI 48180-1340**

TITLE **V** ☐ Change ☒ Addition
NAME **David A. Doran**
STREET ADDRESS **21001 Van Born Road**
CITY-ST-ZIP **Taylor, MI 48180-1340**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Doran 4/24/01

Date

313/792-6162

Daytime Phone #

CR2E034 (10/00)

0281890