

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90061 007 ***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

**C/O TAX DEPARTMENT
21001 VAN HORN ROAD
TAYLOR MI 48180
US**

2. Principal Place of Business

250 S. Australian Ave.

3. Mailing Address

c/o Tax Department

Suite, Apt. #, etc.

13th. Floor

Suite, Apt. #, etc.

21001 Van Born Road

City & State

West Palm Beach, FL

City & State

Taylor, MI

4. FEI Number

65-0584777

Applied For

Not Applicable

Zip

33401

Country

US

Zip

48180-1340

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	ATAS CONNELLY, MICHAEL A. 250 S. AUSTRALIAN AVE., 13TH FLOOR WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHEWS, KAREN A 250 S. AUSTRALIAN AVE., 13TH FLOOR WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GARGARO, EUGENE A JR 21001 VAN BORN ROAD TAYLOR MI 48180-1340 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNEDY, RAYMOND F 21001 VAN BORN ROAD TAYLOR MI 48180-1340 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAD MOSTELLER, RICHARD G 21001 VAN BORN ROAD TAYLOR MI 48180-1340 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DORAN, DAVID A 21001 VAN BORN ROAD TAYLOR MI 48180-1340 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T/AS Robert B. Rosowski 21001 Van Born Road Taylor, MI 48180-1340 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Doran

4/25/02

Date

313/792-6162

Daytime Phone #

CR2E034 (9/01)