

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070904

1. Entity Name:
SALES SUPPORT SERVICES, INC.

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90009 047 ***150.00

Principal Place of Business
926 SW 37TH ST
PALM CITY FL 34990
US

Mailing Address
P O BOX 382
PALM CITY FL 34991
US

001101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2117 SW Olympic Club Terr.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Palm City
34990
Country USA

City & State
City
Zip

4. FEI Number 54-1691286
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MCCARTHY, WILLIAM J
926 SW 37TH ST
PALM CITY FL 34990

7. Name and Address of New Registered Agent
Name
WILLIAM J. MCCARTHY
Street Address (P.O. Box Number is Not Acceptable)
2117 SW OLYMPIC CLUB TERRACE
City
Palm City FL 34990

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 *William J. McCarthy* DATE 4-6-01
(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	P <input type="checkbox"/> Delete
NAME	MCCARTHY, WILLIAM J
STREET ADDRESS	3696 S.W. MIDDLE STREET
CITY-ST-ZIP	STUART FL 34997
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or on an attachment with an address with all other like empowered.

SIGNATURE: *William J. McCarthy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01 561/287-7281
Date Dis-time Phone #

CR2E034 (10/00)