

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90088 014 ***158.75

DOCUMENT # P98000005547

1. Entity Name

SOCIAL SERVICES UNLIMITED, INC.

Principal Place of Business

**5948 DORAVILLE DRIVE
 PORT ORANGE FL 32127
 US**

Mailing Address

**1648 TAYLOR ROAD
 #130
 PORT ORANGE FL 32134
 US**

2. Principal Place of Business

5948 Doraville Dr

3. Mailing Address

1648 Taylor Rd

Suite, Apt. #, etc.

#130

City & State

Port Orange, FL

City & State

Port Orange

4. FEI Number

59-3488009

Applied For

Not Applicable

Zip

32127

Country

Volusia

Zip

32127

Country

Volusia

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, MOLLY S
 5948 DORAVILLE DRIVE
 PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name **Molly S. White**

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

5948 Doraville Dr

City **Port Orange**

FL

Zip Code **32127**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Molly S. White

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

(NOTE: Registered Agent signature required when reinstating)

9-9-02

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 \$550.00.
 After September 13, 2002 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **WHITE, RALPH N**
 STREET ADDRESS **5948 DORAVILLE DRIVE**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

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

TITLE **STD** ☐ Delete
 NAME **WHITE, MOLLY S**
 STREET ADDRESS **5948 DORAVILLE DRIVE**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

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

TITLE ☐ Delete
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-02

Date

386-304-9842

Daytime Phone #

CR2E034 (4/02)

ATTACHMENT

September 11, 2002

P98000005547

Dear Sir/Madam:

I am writing to you in hopes that the filing fee be waived. This is the first such notice that has been received by this corporation for the 2002 year.

Thank you for your consideration,

Molly S. White

Molly S. White
Treasurer
Social Services Unlimited, Inc