

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90149 001 \*\*\*150.00

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**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

3. Mailing Address

1648 Taylor Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
#130

City & State

Port Orange, FL

Zip

Country

32128

Country

US

4. FEI Number

59-3488009

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WHITE, RALPH N  
STREET ADDRESS 5948 DORAVILLE DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32127

☐ Delete

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

386-304-9842

CR2E034 (10/02)