

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90398 011 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P980000009828**

1. Entity Name

**SYSTEMS SUPPORT OPTIONS, INC.**

**80125040**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4766 SECRET HARBOR DR**

3. Mailing Address

**PO Box 24934**

DO NOT WRITE IN THIS SPACE

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE FL**

4. FEI Number

**59-3489776**

Applied for

Not Applied for

Zip

**32257**

Country

**USA**

Zip

**32241**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**THOMAS G PANTAZI**

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

**4766 SECRET HARBOR DR**

City

**JACKSONVILLE**

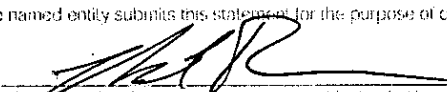
FL

**32257**

**DO NOT WRITE  
IN THIS SPACE**

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



Date: **6/6/02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<b>PRESIDENT THOMAS G PANTAZI 4766 SECRET HARBOR DR JACKSONVILLE, FL 32257</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(g), 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 897, Florida Statutes, and that my name appears in Box 11 or on an attachment with an address, with all other like employment.

SIGNATURE:

 **THOMAS G PANTAZI** **PRESIDENT** **6/6/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**904-465-6105**

CR2E034B (12/01)

Attachment  
PH# P98000009828  
B0125040

June 6, 2002

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear sir or madam:

It recently occurred to me that my company never received the Uniform Business Report form this year. I called your office today and was told I could download the form. I have done so and am enclosing the completed form. Since, I didn't receive the form in time, I couldn't file it. Therefore, I am enclosing a check for \$150. I hope this is satisfactory.

In my business, I travel quite a bit so I have enclosed cellular phone number. Please feel free to call me if you have any questions.

Yours truly,



Thom Pantazi  
President  
Systems Support Options, Inc.  
904-465-4105