FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91168 036 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073454

1. Entity Name
Subdivision Support Services, Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1100 N. Main St.	P.O. Box 701323
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc.
City & State Kissimmee, FL	City & State St. Cloud, FL
Zip 34744 / Country USA	Zip 34770 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59533407 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Ronald S. Howse
Street Address (P.O. Box Number is Not Acceptable): 1100N. Main St.
Suite A
City: Kissimmee FL Zip Code: 34744

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 _____ 5/1/2002
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) ☐

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 D NAME D STREET ADDRESS Ronald S. Howse CITY-ST-ZIP 1100 N. Main St. Suite A Kissimmee, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/1/2002 407-957-3308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #