

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079528

1. Entity Name

CERTIFIED SUPPORT SERVICES, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90086 038 ***150.00

Principal Place of Business

320 ST. JOHNS RIVERPLACE LANE
SWITZERLAND FL 32259

Mailing Address

320 ST. JOHNS RIVERPLACE LANE
SWITZERLAND FL 32259

2. Principal Place of Business

441 OSBURN WAY

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2666

Suite, Apt. #, etc.

City & State

LAKE CITY, FLORIDA

City & State

LAKE CITY, FLORIDA

Zip

32055

Country

COLUMBIA

Zip

32056

Country

COLUMBIA

4. FEI Number

59-3536872

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAGY, TIMOTHY
320 ST. JOHNS RIVERPLACE LANE
SWITZERLAND FL 32259

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.

SIGNATURE

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) ☐

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	NAGY, TIMOTHY	
STREET ADDRESS	320 ST. JOHNS RIVERPLACE LANE	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOWDY, ELIZABETH	
STREET ADDRESS	320 ST. JOHNS RIVERPLACE LANE	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAWLS, HUGH	
STREET ADDRESS	1344 AUTUMN TRACE DR.	
CITY-ST-ZIP	FERNADINA BEACH FL 32034	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DOWDY, TRACY	
STREET ADDRESS	320 ST JOHNS RIVERPLACE LANE	
CITY-ST-ZIP	SWITZERLAND FL 32259	
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	SECRETARY	<input checked="" 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	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JO E. NAGY	
STREET ADDRESS	320 ST. JOHNS RIVERPLACE LN	
CITY-ST-ZIP	SWITZERLAND, FL 32259	
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 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:

Timothy Nagy TIMOTHY NAGY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01

Date

904-752-0696

Daytime Phone #

0024551

CR2E034 (10/00)