

2002 UNIFORM BUSINESS REPORT (UBR)

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

06-11-2002 90394 022 ***550.00

DOCUMENT # P98000079528

1. Entity Name

CERTIFIED SUPPORT SERVICES, INC.

Principal Place of Business

Mailing Address

**441 OSBURN WAY
 LAKE CITY FL 32055**

**P.O. BOX 2666
 LAKE CITY FL 32056**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

NAGY, Timothy
 Street Address (P.O. Box Number is Not Acceptable)
22230 111th DRIVE

City

O'Brien

FL

Zip Code

32071

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, 2002 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** ☐ Delete
 NAME **NAGY, TIMOTHY**
 STREET ADDRESS **320 ST. JOHNS RIVERPLACE LANE**
 CITY-ST-ZIP **SWITZERLAND FL 32259**

TITLE **S** ☐ Delete
 NAME **DOWDY, ELIZABETH**
 STREET ADDRESS **320 ST. JOHNS RIVERPLACE LANE**
 CITY-ST-ZIP **SWITZERLAND FL 32259**

TITLE **VP** ☐ Delete
 NAME **DOWDY, TRACY**
 STREET ADDRESS **320 ST. JOHNS RIVERPLACE LANE**
 CITY-ST-ZIP **SWITZERLAND FL 32259**

TITLE **T** ☐ Delete
 NAME **NAGY, JO E**
 STREET ADDRESS **320 ST. JOHNS RIVERPLACE LN**
 CITY-ST-ZIP **SWITZERLAND FL 32259**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **NAGY, Timothy**
 STREET ADDRESS **22230 111th DRIVE**
 CITY-ST-ZIP **O'Brien, fl. 32071**

TITLE **S** ☒ Change ☐ Addition
 NAME **Dowdy, Elizabeth**
 STREET ADDRESS **22230 111th Drive**
 CITY-ST-ZIP **O'Brien, fl. 32071**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Dowdy, Tracy**
 STREET ADDRESS **22230 111th Drive**
 CITY-ST-ZIP **O'Brien, fl. 32071**

TITLE **T** ☒ Change ☐ Addition
 NAME **NAGY, Jo E.**
 STREET ADDRESS **22230 111th Drive**
 CITY-ST-ZIP **O'Brien, fl. 32071**

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

TITLE ☐ Change ☐ 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-1-02 386-752-0696

CR2E034 (9/01)