

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090403

1. Entity Name

VETERANS SUPPORT SYSTEMS, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90023 011 \*\*\*150.00

Principal Place of Business

1831 S.W. 23 AVE.  
FORT LAUDERDALE FL 33312

Mailing Address

1831 S.W. 23 AVE.  
FORT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0875145

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **PARMELEE, DAVID**  
CITY-ST-ZIP **1831 SW 23RD AVE**  
**FT LAUDERDALE FL 33312**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

9/13/00

To whom IT may concern,

P9 800 0 090403  
00086790

THIS YEAR HAS BEEN A TURMOIL IN MY BUSINESS & PERSONAL LIFE.

HAVING JUST GONE THRU A DIVORCE MY EX-WIFE WAS TAKING SOME OF MY MAIL AND AS A RESULT I MISSED IMPORTANT AND TIMELY PAPERS INCLUDING MY CORPORATE FILING FORM. I WAS NOT AWARE OF THIS TILL RECENTLY AND THEREFORE NOW REALIZE THIS WASN'T FILED PROPERLY. I'm INCLUDING MY CHECK NOW FOR THE FILING FEE. PLEASE ACCEPT THIS FEE. I AM FINANCIALLY IN DIFFICULT TIMES AND CANNOT AFFORD THE ADDITIONAL FEE AS I HAVE CUSTODY OF MY CHILDREN AND BETWEEN WORKING AND RAISING THEM IT HAS PUT A STRESS ON MYSELF. THIS WILL NEVER HAPPEN AGAIN I PROMISE YOU.

In closing I ask you TO PLEASE ACCEPT THIS payment.

Sincerely yours

