

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90120 001 ***672.50

DOCUMENT # P98000108133

1. Entity Name

FSHP SUPPORT SERVICES, INC.

Principal Place of Business

**2304 KILLEARN CENTER BOULEVARD, SUITE A
TALLAHASSEE FL 32308-3524**

Mailing Address

**2304 KILLEARN CENTER BOULEVARD, SUITE A
TALLAHASSEE FL 32309-3524**

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

65-0906067

Applied For

Not Applicable

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

PIKE, DEREK

**2304 KILLEARN CENTER BOULEVARD, SUITE A
TALLAHASSEE FL 32309-3524**

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

Derek Pike

9/24/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **BUFFINGTON, DANIEL**
STREET ADDRESS **6285 E. FOWLER**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **D** ☐ Change ☒ Addition
NAME **JOHNS, TOM**
STREET ADDRESS **P.O. Box 100316**
CITY-ST-ZIP **GAINESVILLE, FL 32610**

TITLE **T** ☒ Delete
NAME **WITAS, RICHARD**
STREET ADDRESS **12902 MAGNOLIA DR**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **D** ☐ Change ☒ Addition
NAME **COLL, RENA E**
STREET ADDRESS **11101 NW 23rd Ct**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **M** ☐ Delete
NAME **PIKE, DEREK**
STREET ADDRESS **2304 KILLEARN CENTER BOULEVARD, SUITE A**
CITY-ST-ZIP **TALLAHASSEE FL 32308-3524**

TITLE **ST** ☐ Change ☒ Addition
NAME **KESSINGER, STEVE**
STREET ADDRESS **636 DEL PRADO BLVD.**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **D** ☒ Delete
NAME **OSTERBERGER, DAVID**
STREET ADDRESS **3501 JOHNSON STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **D** ☐ Delete
NAME **WEIZER-SIMON, MICHELE**
STREET ADDRESS **7201 NORTH UNIVERSITY DRIVE**
CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE **D** ☒ Delete
NAME **MONTGOMERY, RICHARD**
STREET ADDRESS **400 CELEBRATION PLACE**
CITY-ST-ZIP **CELEBRATION FL 34747**

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:

Derek Pike **DEREK PIKE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/02

Date

Daytime Phone #

850-506-9333

CR2E034 (9/01)