

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000029

1. Entity Name

SUSEH SERVICES, INC.

Principal Place of Business

853 CANTERBURY DR.
LAKE MARY FL 32746

Mailing Address

853 CANTERBURY DR.
LAKE MARY FL 32746

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JANEY, SHEILA
773 CREEKWATER TERRACE # 207
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

Sheila Janey

Street Address (P.O. Box Number is Not Acceptable)

853 CANTERBURY DRIVE

City

LAKE MARY

FL

Zip Code

32746

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

Sheila Janey

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	GUINYARD, TROY	
STREET ADDRESS	853 CANTERBURY DR.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	JANEY, SHEILA	
STREET ADDRESS	773 CREEKWATER., #207	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	DIXON, SHEILA	
STREET ADDRESS	771 CREEKWATER., #211	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	SEVP	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, DAVE	
STREET ADDRESS	710 LOPEZ AVENUE	
CITY-ST-ZIP	SEASIDE CA 93955	
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	<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	<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	

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: *Troy Guinyard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90148 011 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2140231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)