

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008123

1. Entity Name
SYSTEM SUPPORT NETWORK INC.

R

Principal Place of Business
2607 BARKSDALE CT
CLEARWATER FL 33761

Mailing Address
2607 BARKSDALE CT
CLEARWATER FL 33761

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

52-2154396

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

ZELAZNY, JANUSZ
2607 BARKSDALE CT
CLEARWATER FL 33761

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 *President.* ☐ Delete
NAME *Janusz Zelazny*
STREET ADDRESS *2607 Barksdale Ct*
CITY-ST-ZIP *Clearwater FL 33761*

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/18/00
Date

Daytime Phone #

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90160 006 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

P991000008123

ADOL 9235

July 17th, 2000

**Department of State
Division of Corporations
P.O.Box 6327
Tallahassee FL 32314**

RE: System Support Network Inc.

To Whom It May Concern,

We did not received the initial mailing form from you.
We ask that you accept the check for the amount of \$150.00.

Thank you,

System Support Network Inc.