

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90144 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000045263

1. Entity Name
**SPECIAL SERVICES INTERNATIONAL CONSULTING
GROUP, INC.**



Principal Place of Business
1331 S.W. 1ST. AVE.
FT. LAUDERDALE, FL 33315

Mailing Address
P.O. BOX 1159
DEERFIELD BEACH, FL 33443

2. Principal Place of Business

3. Mailing Address
P.O. Box 16988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Plantation, FL

4. FEI Number

65-0939838

Applied For

Not Applicable

Zip

Country

Zip

33318

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORSE, GARY
1331 S.W. 1ST. AVE.
FT. LAUDERDALE, FL 33315

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DONNELLY, KEVIN
1331 S.W. 1ST. AVE.
FT. LAUDERDALE, FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WRIGHT, PAUL ALAN
1331 S.W. 1ST. AVE.
FT. LAUDERDALE, FL 33315 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAROONE, DOUG
1331 S.W. 1ST. AVE.
FT. LAUDERDALE, FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] 8881 3/6/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)