

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057499

1. Entity Name

SUPPORT SERVICES FOR INDEPENDENT LIVING INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90168 031 ***158.75

Principal Place of Business

Mailing Address

6945 11TH AVENUE N.
ST PETERSBURG FL 33710

P.O. BOX 1035
PINELLAS PARK FL 33780

2. Principal Place of Business

3. Mailing Address

6551 80th Pl. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pinellas Park, FL

City & State

4. FEI Number

59-3583739

Applied For

Not Applicable

Zip
33781

Country
USA

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLISON, KRISTI
6945 11TH AVENUE N.
ST PETERSBURG FL 33710

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSCD
ALLISON, KRISTI
6945 11TH AVENUE N.
ST PETERSBURG FL 33710 ☐ Delete

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

TITLE
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CITY-ST-ZIP
VM
ALLISON, KRISTI
6945 11TH AVENUE N.
ST PETERSBURG FL 33710 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 #

Kristi Allison Kristi Allison

04/15/01 (727) 544-0441

CR2E034 (10/00)