

**FOR PROFIT CORPORATION 03
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 99000068811

1. Entity Name

INDEPENDENT Support Services, Inc.

FILED

03 JUL 25 AM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4882 NORWALK PLACE

3. Mailing Address

SAFE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3591686

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH G. KUCZMANSKI

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

4882 NORWALK PLACE

City

JACKSONVILLE

FL

Zip Code

32257

**DO NOT WRITE
IN THIS SPACE**

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

7/22/03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

NAME

STREET ADDRESS

CITY-ST-ZIP

D
JOSEPH G. KUCZMANSKI
4882 NORWALK PLACE
JACKSONVILLE, FL 32257

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

400021785034
07/25/03--01038--004 ***150.00

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

7/22/03

Daytime Phone #

CR2E034B (12/01)

TAX ADVANTAGE

Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

July 23, 2003

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

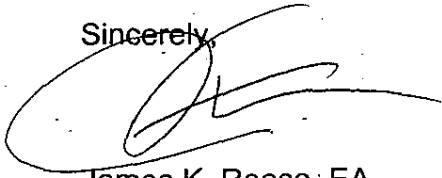
Re: Independent Support Services, Inc. – 2003 Uniform Business Report
Document #: P99000068811

Dear Sir or Madam:

Please find the enclosed Check for \$150.00 for the above referenced Corporation's 2003 Uniform Business Report. The Taxpayer never received this report. We request your assistance in abating the Late Filing Penalty. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,



James K. Reese, EA

Enclosures:
Check for \$150.00