

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000080629

FILED  
Apr 23, 2003  
Secretary of State

**Entity Name:** BEHAVIORAL SUPPORT SERVICES, INCORPORATED

**Current Principal Place of Business:**

3220 TALL TIMBER DRIVE  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

3220 TALL TIMBER DRIVE  
ORLANDO, FL 32812

**New Mailing Address:**

**FEI Number:** 59-3595260

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUAN, WEILI "DORIS"  
3220 TALL TIMBER DRIVE  
ORLANDO, FL 32812 US

**Name and Address of New Registered Agent:**

DUAN, WEILI  
3220 TALL TIMBER DRIVE  
ORLANDO, FL 32812 US

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: WEILI DUAN

04/23/2003

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DUAN, WEILI  
Address: 3220 TALL TIMBER DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: P ( ) Delete  
Name: SHAO, SHIYUAN  
Address: 3220 TALL TIMBER DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: T ( ) Delete  
Name: SHAO, SHIYUAN  
Address: 3220 TALL TIMBER DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: OM ( ) Delete  
Name: SHAO, SHIYUAN  
Address: 3220 TALL TIMBER DRIVE  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIYUAN SHAO

OM

04/23/2003

Electronic Signature of Signing Officer or Director

Date