

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90272 013 ***150.00

DOCUMENT # S87582

1. Entity Name
SSA OF ENGLEWOOD, INC.

Principal Place of Business

**9307 SAN BERNARDINO AVE
 ENGLEWOOD FL 34224
 US**

Mailing Address

**9307 SAN BERNARDINO AVE
 ENGLEWOOD FL 34224
 US**



2. Principal Place of Business

102 Mandarin RD.
 Suite, Apt. #, etc.

3. Mailing Address

102 Mandarin RD.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Winter Garden, FL

City & State
Winter Garden, FL

4. FEI Number **65-0290906**

Applied For
 Not Applicable

Zip
34787

Country
U.S.A.

Zip
34787

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**FISCHER, C. MICHAEL
 2800 PLACIDA RD
 SUITE 112
 ENGLEWOOD FL 34224**

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.

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

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, 2002 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 Delete
 NAME **P**
COLE, LEON W
 STREET ADDRESS **9307 SAN BERNARDINO AVE**
 CITY-ST-ZIP **ENGLEWOOD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST**
COLE, MADELYN W.
 STREET ADDRESS **9307 SAN BERNARDINO AVE**
 CITY-ST-ZIP **ENGLEWOOD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPO**
WALLACE, DENNIS
 STREET ADDRESS **13100 MC CALL RD UNIT 125**
 CITY-ST-ZIP **PT. CHARLOTTE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: **Madelyn W Cole** **Madelyn W Cole** 4/12/02 407-654-1813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)