

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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

3. Mailing Address

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

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

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	COLE, LEON W	
STREET ADDRESS	9307 SAN BERNARDINO AVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COLE, MADELYN W.	
STREET ADDRESS	9307 SAN BERNARDINO AVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	WALLACE, DENNIS	
STREET ADDRESS	13100 MC CALL RD UNIT 125	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)