

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90122 036 ***150.00

DOCUMENT # V61742

1. Entity Name
COMMUNITY SUPPORT SERVICES, INC.



Principal Place of Business
84 PONCE DE LEON DR
ORMOND BEACH FL 32176

Mailing Address
84 PONCE DE LEON DR
ORMOND BEACH FL 32176

2. Principal Place of Business
1401 S. Palmetto Ave.

3. Mailing Address
1401 S. Palmetto Ave

Suite, Apt. #, etc. **#121**

Suite, Apt. #, etc. **#121**

City & State **Daytona Beach FL**

City & State **Daytona Beach FL**

Zip **32114**

Country **USA**

Zip **32114**

Country **USA**



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **59-3142878**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHYNARD, M. A.
515 S RIDGEWOOD AVE
DAYTONA BEACH FL 32114

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **SCHUR, SALLY L.**
STREET ADDRESS **84 PONCE DE LEON DR**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **DIRECTOR** ☐ **Change** ☒ **Addition**
NAME **ROBERT G. COLLINS**
STREET ADDRESS **39 PRESCOTT LANE**
CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE **D** ☒ **Delete**
NAME **KELLY, ROBERT T.**
STREET ADDRESS **84 PONCE DE LEON DR**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **DIRECTOR** ☐ **Change** ☒ **Addition**
NAME **Jacqueline M. Cogswell**
STREET ADDRESS **211 WORTH RD.**
CITY-ST-ZIP **PIERSON, FL 32180**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ **Change** ☒ **Addition**
NAME **GAIL G. PULAK**
STREET ADDRESS **2899 JOHN ANDERSON DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sally Schur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03
Date

886-255-3712
Daytime Phone #

CR2E034 (10/02)