2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attacl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

Aug 13, 2001 8:00 am Secretary of State 501142 DOCUMENT # 1. Entity Name 08-13-2001 90003 012 ***150.00 DOUBLE S ENTERPRISES, INC. Principal Place of Business Mailing Address 6115 ARLINGTON EXPRESSWAY 6115 ARLINGTON EXPRESSWAY P.O.BOX 8622 (32239) P.O.BOX 8622 (32239) JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1654074 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name STONER, LYNN W. Street Address (P.O. Box Number is Not Acceptable) 13770 PLEASANT VALLEY DR. JACKSONVILLE FL 32225 City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition STONER, LYNN W NAME NAME 13770 PLEASANT VALLEY DR STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE STONER, CONNIE CHANCEL NAME NAME 13770 PLEASANT VALLEY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Delete TITLE TITLE Change : Addition : التجادة NAME NAME STREET ADDRESS STF ADDRESS CITY-ST-ZIP Ç! TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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 jectiver 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

*TO:*¹

Whom It May Concern

FROM:

C. C. Stoner, Corporate Secretary/Treasurer

Double S. Enterprises, Inc.

RE:

2001 Uniform Business Reports

Date:

August 7, 2001

Please accept my check in the amount of \$150.00 for renewal as I was directed by an employee of the Division of Corporations and explained that I had not received any prior mailing. I have had to pay the \$550.00 before so I have been very careful to get this report in on time. I would have gotten this in on time had I received previously. We have had a huge turnover in our office so it may have gone to the wrong person. Please advise.

Sincerely, C.C. Stoner Double S. Enterprises, Inc.

6115 Arlington Expressway Jacksonville, FL 32211