

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 694572

1. Entity Name

SURPLUS SALES SERVICE, INCORPORATED

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90129 029 ***150.00

Principal Place of Business

243 S. COVE TERR.
PANAMA CITY FL 32401-4038

Mailing Address

243 S. COVE TERR.
PANAMA CITY FL 32401-4038

2. Principal Place of Business

133 HARRISON AVE.
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1668
Suite, Apt. #, etc.

City & State

PANAMA CITY, FL. 32401
Zip Country

City & State

PANAMA CITY, FL. 32402
Zip Country

4. FEI Number

59-2104560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HURST, ROBERT R., JR.
133 HARRISON AVENUE
PANAMA CITY FL 32401

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P HURST, ROBERT R, JR 243 S COVE TERR DR PANAMA CITY FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HURST, REZVAN 243 S COVE TERR DR PANAMA CITY FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE: HURST, JR. Robert R. Hurst, Jr.

4/12/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)