

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90157 038 \*\*\*150.00

**DOCUMENT # F46316**

1. Entity Name

**SSLIC HOLDING CORPORATION**

Principal Place of Business

Mailing Address

755 RINEHART RD  
 PO BOX 958402  
 LAKE MARY FL 32795-5402

755 RINEHART RD  
 PO BOX 958402  
 LAKE MARY FL 32795-8402

00092525



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0708035**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**THOMPSON, DAVID C.**  
 755 RINEHART RD  
 LAKE MARY 32746

Name *Stephen M. Jill*

Street Address (P.O. Box Number is Not Acceptable)

*755 Rinehart Rd*

City *Lake Mary*

**FL**

Zip Code *32746*

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

*Stephen M. Jill*

*4-27-00*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>QUISST, GEORGE R</b>	
STREET ADDRESS	<b>4491 WANDER LANE</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY FL 84117</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>SARGENT, WILLIAM C</b>	
STREET ADDRESS	<b>4947 HOLLADAY BLVD</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT 84117</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>QUIST, SCOTT M</b>	
STREET ADDRESS	<b>7 WANDER WAY</b>	
CITY-ST-ZIP	<b>SANDY UT 84092</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CRITTENDEN, CHARLES L</b>	
STREET ADDRESS	<b>2334 FILMORE AVE</b>	
CITY-ST-ZIP	<b>OGDEN UT 84401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOODY, HOWARD C</b>	
STREET ADDRESS	<b>1782 E FAUNSDALE DR</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY FL 84109</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOWE, SHERMAN B</b>	
STREET ADDRESS	<b>2197 S 21ST E</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY FL 84109</b>	

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

*Stephen M. Jill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-27-00*

Date

Daytime Phone #

CRP/ENR 10/00