

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90053 005 \*\*\*150.00

**DOCUMENT # F93000004718**

1. Entity Name

**S & S UNLIMITED, INC.**

Principal Place of Business

Mailing Address

202 MERTROSE WEST AVE.  
 #180  
 COPLAY OH 44321  
 US

202 MERTROSE WEST AVE.  
 #180  
 COPLAY OH 44321  
 US

00060646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

202 Montrose West Ave

202 Montrose West Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 180

Ste. 180

City & State

City & State

Copley, OH

Copley, OH

4. FEI Number

34-1297743

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

Country

Zip

Country

44321

U.S.

44321

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, MICHAEL K  
 100 ANCHOR DR  
 #74  
 KEY LARGO FL 33037

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  De'ete  
 NAME CPT  
 STREET ADDRESS SMITH, MICHAEL K  
 CITY-ST-ZIP 100 ANCHOR DR  
 KEY LARGO FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VS  
 STREET ADDRESS SMITH, MARJORIE K  
 CITY-ST-ZIP 100 ANCHOR DR  
 KEY LARGO FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/00

CR2E034 (9/99)