

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90359 046 ***150.00

DOCUMENT # P94000058513
 1. Entity Name
SSE AND ASSOCIATES, INC.

Principal Place of Business Mailing Address
400 CANAL ST. **P.O. BOX 602**
2ND FLOOR **NEW SMYRNA BEACH FL 32170-0602**
NEW SMYRNA BEACH FL 32168 **US**
US

40016000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
569 Canal Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
New Smyrna Beach, FL

4. FEI Number Applied For
59-3265072 Not Applicable

Zip Country Zip Country
32168 **USA**

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

6. Name and Address of Current Registered Agent
SONYA S. EGGERTON
400 CANAL ST
2ND FLOOR
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
569 Canal Street
 City State Zip Code
New Smyrna Beach **FL** **32168**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	EGGERTON, SONYA	
STREET ADDRESS	454 BOUCHELLE ISLAND 101	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WARD, TRACIE	
STREET ADDRESS	337 MOHAVE TERR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6300 S. Atlantic Ave.	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Tracie A. Ward Tracie A. Ward, Secretary 1/31/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 (904) 428-8876

CR2E034 (9/99)