

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90037 036 ***150.00

0054406

DOCUMENT # P94000058513

1. Entity Name
SSE AND ASSOCIATES, INC.

Principal Place of Business
**569 CORAL ST
 NEW SMYRNA BEACH FL 32168
 US**

Mailing Address
**P.O. BOX 602
 NEW SMYRNA BEACH FL 32170
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
569 CANAL ST.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3265072**

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

**SONYA S. EGGERTON
 569 CORAL STREET
 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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	EGGERTON, SONYA	
STREET ADDRESS	6300 S ATLANTIC AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WARD, TRACIE	
STREET ADDRESS	337 MOHAVE TERR	
CITY-ST-ZIP	LAKE MARY FL 32746	
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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** **4/26/01** **(904) 428-8875**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)