

2001 UNIFORM BUSINESS REPORT (UBR)

0454408

DOCUMENT # **P94000058513**

1. Entity Name
SSE AND ASSOCIATES, INC.

AMENDED UNIFORM BUSINESS
FORM OF STATE
ADDITION OF CORPORATE DIRECTOR

01 DEC 20 PM 1:56

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.

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

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 signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EGGERTON, SONYA 6300 S ATLANTIC AVE NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WARD, TRACIE 337 MOHAVE TERR LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004744672 -12/31/01-01048-006 *****61.25 *****61.25	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Deletion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP of Operations James C. Hansen 464 Harper Road Pierson, FL 32180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

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 information.

SIGNATURE: **Tracie A. Ward** 12/18/01
4/26/01 (904) 428-8875