

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 279271

1. Entity Name

S & S EQUIPMENT SALES, INC.

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90002 042 ***150.00

Principal Place of Business

Mailing Address

1035 N. MIAMI AVE.
MIAMI FL 33136

1035 N. MIAMI AVE.
MIAMI FL 33136-3514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0817560

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

SHERIDAN, DONALD
10958 NASHVILLE LANE
COOPER CITY FL 33026

Name: DONALD SHERIDAN

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

10958 NASHVILLE DRIVE

City COOPER CITY

FL

Zip Code 33026

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: *Donald C Sheridan* DONALD C SHERIDAN

DATE: 01/19/00

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 (N 11)

TITLE ☐ Delete
NAME PD
STREET ADDRESS SHERIDAN, DONALD
CITY-ST-ZIP 10958 NASHVILLE DR.
COOPER CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS VANIS, WANDA
CITY-ST-ZIP 8240 N.W. 11TH CT.
PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS SHERIDAN, HELEN
CITY-ST-ZIP 10958 NASHVILLE DR.
COOPER CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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: *Donald C Sheridan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 19, 2000 365
Date Daytime Phone # 317-1870

CR2E034 (9/99)