

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90212 044 ***150.00

DOCUMENT # 279271

1. Entity Name
S & S EQUIPMENT SALES, INC.

Principal Place of Business: **1035 N. MIAMI AVE. MIAMI FL 33136**
 Mailing Address: **1035 N. MIAMI AVE. MIAMI FL 33136**

2. Principal Place of Business: **1018 N. MIAMI AVE**
 Suite, Apt. #, etc.

3. Mailing Address: **1018 N. MIAMI AVE**
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State: **MIAMI, FL** City & State: **MIAMI, FL**
 Zip: **33136** Country: **USA** Zip: **33136** Country: **USA**
 4. FEI Number: **59-0817560** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:
SHERIDAN, DONALD
10958 NASHVILLE DR
COOPER CITY FL 33026

7. Name and Address of New Registered Agent:
 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: *Donald C. Sheridan Pres* **DONALD C. SHERIDAN** **01-17-01**
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. **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: PD	SHERIDAN, DONALD 10958 NASHVILLE DR. COOPER CITY FL	TITLE: _____	_____
TITLE: S	VANIS, WANDA 8240 N.W. 11TH CT. PEMBROKE PINES FL	TITLE: _____	_____
TITLE: T	SHERIDAN, HELEN 10958 NASHVILLE DR. COOPER CITY FL	TITLE: _____	_____
TITLE: _____	_____	TITLE: _____	_____
TITLE: _____	_____	TITLE: _____	_____
TITLE: _____	_____	TITLE: _____	_____
TITLE: _____	_____	TITLE: _____	_____

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 Pres* **02-21-01** **(305)377-1870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DONALD C. SHERIDAN, PRESIDENT

CR2E034 (10/00)