2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 279271 S & S EQUIPMENT SALES, INC.

Mar 15, 2001 8:00 am Secretary of State 03-15-2001 90212 044 ***150.00

City & State City & City						
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Minamy FL	1018	N. MIAMI AVE	1018 N.M	liam, AVE	DO NOT WRITE IN	THIS SPACE
SHERIDAN, DONALD 10958 NASHVILLE DR COOPER CITY FL 33026 Sirest Address (P.O. Box Number is Not Acceptable) City FL Zip Codo 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 Sometime bytes or per for many of registered with applicable. Portal Registered Agent special agent, or both, in the State of Florida. Sometime bytes or per for many of registered with applicable. Portal Registered Agent special agent, or both, in the State of Florida. Sometime bytes or per for many of registered agent, or both, in the State of Florida. Sometime bytes or per for many of registered with applicable. Portal Registered Agent special agent, or both, in the State of Florida. Sometime bytes or per for many of registered agent, or both, in the State of Florida. Sometime bytes or per for many of registered agent, or both, in the State of Florida. Sometime bytes or per for many of registered agent, or both, in the State of Florida. Sometime bytes or per for many of registered agent, or both, in the State of Florida. Sometime bytes or per for many of registered agent, or both, in the State of Florida. Signature agent	Zip	m, FL Country	Mirm, F	Country USA	30 00 11 300	Not Applicable \$8.75 Additional
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 COUNTY CONTROL OF TOTAL OF	SHEF 10958	6. Name and Address of Current RIDAN,DONALD 8 NASHVILLE DR		Name		
SIGNATURE COLLEGE OF DELLA DISCRIPTION STREET ADDRESS CITY-ST-ZP PEMBROKE PINES FL SIGNATURE COLLEGE OF DELLA DISCRIPTION OF COLORS OF						N-F
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SHERIDAN, DONALD STREET ADDRESS CITY-ST-ZIP TITLE S COOPER CITY FL TITLE VANIS, WANDA STREET ADDRESS CITY-ST-ZIP TITLE T T T T T T T T T T T T T T T T T T	SIGNATURE	Donald Chu	edan Pres	1 SHERI	C. 01-1	17-01
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	NAME STREET ADDRESS	T SHERIDAN, HELEN 10958 NASHVILLE DR.	☐ Delete	NAMESTREET ADDRESS		Change Addition
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TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition	NAME STREET ADDRESS		Defete	NAME STREET ADDRESS		☐ Change ☐ Addition
13. I hereby certify that the information supplied with this filling 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 ampowered. SIGNATURE: Output SIGNATURE AND C. SHEE IDAM, PRESIDENT	indicated of the co changed	d on this report or supplemental report in reportation or the receiver or trustee empty, or on an attachment with an address, TURE: SIGNATURE AND TYPED OR	is true and accurate and that sowered to execute this report with all other like ampowered with all other like and like	my signature shall have the tras required by Chapter 60 d.	same legal effect as if made under oath	t; that I am an officer or director