

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90112 010 ***150.00

DOCUMENT # 637742

1. Entity Name
S. S. R. A., INC.



Principal Place of Business
**791 FIFTH AVE S
P.O. BOX 247
NAPLES FL 34102
US**

Mailing Address
**791 FIFTH AVE S
P.O. BOX 247
NAPLES FL 34102
US**

2. Principal Place of Business
**791 FIFTH AVE. S.
Suite, Apt. #, etc.**

3. Mailing Address
**791 FIFTH AVE. S.
Suite, Apt. #, etc.**

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number **59-1939290**

Applied For

Not Applicable

Zip
34102

Country
COLLIER

Zip
34102

Country
COLLIER

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

**SMITH, WALTER JAMES
3355 GORDON DRIVE
NAPLES FL 34102**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **SMITH, WALTER JAMES**
STREET ADDRESS **3355 GORDON DRIVE**
CITY-ST-ZIP **NAPLES FL 34102**

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

TITLE **AS** ☒ Delete
NAME **HOLLAND, SAMARA S**
STREET ADDRESS **590 PORTSIDE DRIVE**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☒ Addition
NAME **AS**
STREET ADDRESS **SMITH, J. BRENTON**
CITY-ST-ZIP **3161 8TH ST. N.W.
NAPLES, FL 34120**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **WALTER JAMES SMITH 4/1/03 239/262-7215**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)