

2002 UNIFORM BUSINESS REPORT (UBR)

0006983 AT

DOCUMENT # A97000002145

1. Entity Name

S & S VENTURES OF NORTHWEST FLORIDA, LTD.

Principal Place of Business

2550 OAK POINTE DR.
PENSACOLA FL 32505

Mailing Address

2550 OAK POINTE DR.
PENSACOLA FL 32505

FILED

2002 APR 29 PM 5:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

120 E. MAIN ST

3. Mailing Address

120 E. MAIN ST.

Suite, Apt. #, etc.

STE. A

Suite, Apt. #, etc.

STE. A

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

Country

32501

ESCAMBIA

Zip

Country

32501

ESCAMBIA

DUE BY MAY 1, 2002

4. FEI Number

59-3474341

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWAINE, RONALD E
2550 OAK POINTE DR
PENSACOLA FL 32505

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

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

DATE

9. Capital Contributions
as Shown on record.

\$50.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000083885
NAME RES OF NORTHWEST FLORIDA, INC.
STREET ADDRESS 2550 OAK POINTE DR.
CITY-ST-ZIP PENSACOLA FL 32505

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

120 E. MAIN ST, STE. A
PENSACOLA, FL 32501

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/02 850-429-1490

Date Daytime Phone #

CR2E003 (9/01)