

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90034 021 ***150.00

0524771 AV

DOCUMENT # F01000001375

1. Entity Name

S & S SERVICES GROUP INC.

Principal Place of Business

6222 TOWER LANE STE A-6
 SARASOTA FL 34240

Mailing Address

~~2021-MIDWEST RD. STE 107~~
~~OAK BROOK IL 60523~~
 6222 TOWER LANE
 SUITE A-6
 SARASOTA FL 34240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3626897

Applied For

Not Applicable

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

MCCOLLUM, LIZ
6222 TOWER LANE, STE A-6
SARASOTA FL 34240

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.

(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.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 ☐ Delete
 NAME **PCD**
 STREET ADDRESS **MCCOLLUM, ELIZABETH C**
 CITY-ST-ZIP **1117 MISTWOOD LANE 34235 LAND**
DOWNERS GROVE IL

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SWARTZ, DOUG**
 CITY-ST-ZIP **3950 LYNDHURST COURT**
SARASOTA FL

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCCOLLUM, CHRISTINE**
 CITY-ST-ZIP **1027 BRIDGPORT CIRCLE**
SAN MATEO CA

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3950 LYNDHURST COURT**
 CITY-ST-ZIP **SARASOTA FL 34235**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2576 LANDPARK DR**
 CITY-ST-ZIP **SACRAMENTO CA 95818**

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

TITLE ☐ Change ☐ Addition
 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:

Liz McCollum
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-02 9413774600

CR2E034 (9/01)