

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F46316

1. Entity Name

SSLIC HOLDING CORPORATION

Principal Place of Business

Mailing Address

755 RINEHART RD  
PO BOX 958402  
LAKE MARY FL 32795-5402

755 RINEHART RD  
PO BOX 958402  
LAKE MARY FL 32795-8402

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 63-0708035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, DAVID C.  
755 RINEHART RD  
LAKE MARY 32746

7. Name and Address of New Registered Agent

Name Stephen M. Jell

Street Address (P.O. Box Number is Not Acceptable)

755 Rinehart Rd

City Lake Mary

FL

Zip Code 32746

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, 2000 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

TITLE P ☐ Delete

NAME QUISST, GEORGE R  
STREET ADDRESS 4491 WANDER LANE  
CITY-ST-ZIP SALT LAKE CITY FL 84117

TITLE VS ☐ Delete

NAME SARGENT, WILLIAM C  
STREET ADDRESS 4947 HOLLADAY BLVD  
CITY-ST-ZIP SALT LAKE CITY UT 84117

TITLE T ☐ Delete

NAME QUIST, SCOTT M  
STREET ADDRESS 7 WANDER WAY  
CITY-ST-ZIP SANDY UT 84092

TITLE D ☐ Delete

NAME CRITTENDEN, CHARLES L  
STREET ADDRESS 2334 FILMORE AVE  
CITY-ST-ZIP OGDEN UT 84401

TITLE D ☐ Delete

NAME MOODY, HOWARD C  
STREET ADDRESS 1782 E FAUNSDALE DR  
CITY-ST-ZIP SALT LAKE CITY FL 84109

TITLE D ☐ Delete

NAME LOWE, SHERMAN B  
STREET ADDRESS 2197 S 21ST E  
CITY-ST-ZIP SALT LAKE CITY FL 84109

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90157 038 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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