

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H86888

1. Entity Name  
S S & J, INC.

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90005 009 \*\*\*150.00

Principal Place of Business

% ROBERT BURKHARDT  
550-9 WELLS RD  
ORANGE PARK FL 32073

Mailing Address

% ROBERT BURKHARDT  
550-9 WELLS RD  
ORANGE PARK FL 32073

729592

2. Principal Place of Business

3. Mailing Address

1855 WELLS ROAD

1855 WELLS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 4

SUITE 4

City & State

City & State

ORANGE PARK FL

ORANGE PARK FL

Zip

Zip

32073

32073

Country

Country

FLAY

FLAY



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2603978

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

BURKHARDT, ROBERT  
550-9 WELLS RD  
ORANGE PARK FL 32073

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	BURKHARDT, ROBERT	
STREET ADDRESS	279 CANDLER CT.	
CITY-ST-ZIP	GREEN COVE SPRING FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURKHARDT, SHEILIA	
STREET ADDRESS	279 CANDLER CT.	
CITY-ST-ZIP	GREENCOVE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert Burkhardt ROBERT BURKHARDT

Date

3-9-01

Daytime Phone #

904/269-5116

CR2E034 (10/00)