

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90047 045 ***150.00

DOCUMENT # J16781

1. Entity Name
SOLID SURFACE SYSTEMS INC.

Principal Place of Business
914 NE 24TH LANE UNIT 8 & 9
CAPE CORAL FL 33909

Mailing Address
914 NE 24TH LANE UNIT 8 & 9
CAPE CORAL FL 33909

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 **59-2722280**

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

SHOEMAKER, JOE
2058 COTTAGE STREET
FORT MYERS FL 33901

Name
Shoemaker, John (not Joe)

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

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 _____ (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 **P** ☐ Delete
NAME **GRIFFIN, MARTIN JOSEPH**
STREET ADDRESS **1004 SE 12TH AVE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **P** ☒ Change ☐ Addition
NAME **Griffin, Martin Joseph, Jr.**
STREET ADDRESS **2206 SE 10th Place**
CITY-ST-ZIP **Cape Coral, Florida 33990**

TITLE **V** ☒ Delete
NAME **ROTTMAN, MARK ALLEN**
STREET ADDRESS **1004 SE 12TH AVE**
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

02/12/01

Date

(941) 458-8903

Daytime Phone #

CR2E034 (10/00)