

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J87090

1. Entity Name
S S & H, INC.

Principal Place of Business

2010 OVERSEAS HWY
MARATHON FL 33050

Mailing Address

2010 OVERSEAS HWY
MARATHON FL 33050

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SHAW, JANET
2010 OVERSEAS HWY
MARATHON FL 33050

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.

(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

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	SHAW, TIMOTHY S	
STREET ADDRESS	2010 OVERSEAS HWY.	
CITY-ST-ZIP	MARATHON FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SHAW, SUSAN H.	
STREET ADDRESS	2010 OVERSEAS HWY.	
CITY-ST-ZIP	MARATHON FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SHAW, TIMOTHY S	
STREET ADDRESS	2010 OVERSEAS HWY.	
CITY-ST-ZIP	MARATHON FL	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	SHAW, TIMOTHY S	
STREET ADDRESS	2010 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REES, FREDDIE, JR	
STREET ADDRESS	2010 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON, FL	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKS, JANET SHAW	
STREET ADDRESS	2010 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON, FL	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKS, JANET SHAW	
STREET ADDRESS	2010 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, TIMOTHY S	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET SHAW BURKS 3/1/01 305-743-3202

Date

Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90087 007 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)