

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K14602

1. Entity Name
SSTJ, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90007 034 ***550.00

Principal Place of Business
17 SEA BASS LANE
PONTE VEDRA BEACH FL 32082

Mailing Address
17 SEA BASS LANE
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business
3130 WASSON Rd
Suite, Apt. #, etc.

3. Mailing Address
3130 WASSON Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CINCINNATI, OHIO
Zip 45209 Country USA

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CINCINNATI, OHIO
Zip 45209 Country USA

4. FEI Number 59-2880389
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKEELS, ROBERT ESQ.
1821 3RD ST. NORTH
JACKSONVILLE BEACH FL 32250

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | DVP | <input type="checkbox"/> Delete |
| NAME | LYNCH, JOHN F. | |
| STREET ADDRESS | 15 MARIA PLACE | |
| CITY-ST-ZIP | PONTE VEDRA BCH FL | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | CLAUDER, MICHAEL A. | |
| STREET ADDRESS | 3130 WASSON ROAD | |
| CITY-ST-ZIP | CINCINNATI OH 45209 | |
| TITLE | DST | <input type="checkbox"/> Delete |
| NAME | NELSON, JEFFREY L. | |
| STREET ADDRESS | 3130 WASSON ROAD | |
| CITY-ST-ZIP | CINCINNATI OH 45209 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | <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 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)