

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90695 038 ***550.00

DOCUMENT #

1. Entity Name

SSTJ, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3130 Wasson Road

Suite, Apt. #, etc.

3. Mailing Address

3130 Wasson Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cincinnati, Ohio

City & State
Cincinnati, Ohio

4. FEI Number
59-2880389

Applied For
Not Applicable

Zip
45209

Country
USA

Zip
45209

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Skeels, Robert ESQ

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

1821 3rd Street North

City
Jacksonville Beach FL Zip Code
32250

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
Lynch, John F.
15 Maria Place
Ponte Vedra Beach, FL 32082

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DVP
Clauder, Michael A.
3130 Wasson Road
Cincinnati, Ohio 45209

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DST
Nelson, Jeffrey L.
3130 Wasson Road
Cincinnati, Ohio 45209

TITLE
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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. Clauder Michael A. Clauder, VP & Director 513-871-6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/3/02 Daytime Phone #

CR2E034B (12/01)