

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-16-2002 90089 009 ***150.00

DOCUMENT # K37918

1. Entity Name
SSF HOLDING COMPANY

Principal Place of Business

**711 CENTRAL FLORIDA PKWY
ORLANDO FL 32824-8501**

Mailing Address

**DEBRA KONIECZNY
711 CENTRAL FLORIDA PKWY
ORLANDO FL 32824
US**

2. Principal Place of Business

CHARLOTTE STEADMAN

Suite, Apt. #, etc.

2036 LIVE OAK BLVD

City & State

ST. CLOUD, FLORIDA

Zip

34771

Country

OSCEOLA

3. Mailing Address

CHARLOTTE STEADMAN

Suite, Apt. #, etc.

2036 LIVE OAK BLVD

City & State

ST. CLOUD, FLORIDA

Zip

34771

Country

OSCEOLA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2912687

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KONIECZNY, DEBRA
711 CENTRAL FLORIDA PKWY
ORLANDO FL 32824**

7. Name and Address of New Registered Agent

Name

CHARLOTTE STEADMAN

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

2036 LIVE OAK BLVD.

City

ST. CLOUD

FL

Zip Code

34771

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 **CHARLOTTE STEADMAN**

Signature, typed or printed name of registered agent and title if applicable.

Charlotte Steadman

(NOTE: Registered Agent signature required when reinstating)

1/8/2002

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, 2002 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	VP	<input type="checkbox"/> Delete
NAME	STEADMAN, MICHAEL C	
STREET ADDRESS	1254 LIZA STREET	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEADMAN, LAURD H	
STREET ADDRESS	2746 ORCHID LANE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KONIECZNY, DEBRA	
STREET ADDRESS	2143 CARIBBEAN DR N	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	S	<input type="checkbox"/> Delete
NAME	WRIGHT, MELANIE	
STREET ADDRESS	4191 TIMBER LN	
CITY-ST-ZIP	KISSIMMEE FL 34744	
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
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
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: *Charlotte Steadman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02 407-498-0455
Date Daytime Phone #

CR2E034 (9/01)