

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007651

1. Entity Name
S & S INVESTMENTS, LLC

FILED

01 JAN 16 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
14750 BEACH BLVD #80
JACKSONVILLE FL 32250

Mailing Address
14750 BEACH BLVD #80
JACKSONVILLE FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'NEILL, KAREN B
1009 21ST STREET NORTH
JACKSONVILLE BEACH FL 32250

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME PRESIDENT
STREET ADDRESS MICHAEL B. SCHOTT
CITY-ST-ZIP 293 LINCOLN AVE
GROSSE POINT, MI 48230

☐ Change ☐ Addition
300003567949--8
-01/23/01--01074--022

TITLE ☐ Delete
NAME VICE PRESIDENT/SEC/TT.
STREET ADDRESS AARON SARNAL
CITY-ST-ZIP 14750 BEACH BLVD #80
JAX, FL 32250

TITLE ☐ Change ☐ Addition
NAME *****50.00
STREET ADDRESS *****50.00
CITY-ST-ZIP *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/12/01 (904) 463-4334
Date Daytime Phone #

CR2E083 (11/00)