

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90093 031 ***150.00

DOCUMENT # L96801

1. Entity Name

S S B SERVICE CORP.

Principal Place of Business

1189 HYPOLUXO RD
 LANTANA FL 33462
 US

Mailing Address

P O BOX 20509
 W PALM BEACH FL 33416
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0214382**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERLING BANK
1189 HYPOLUXO RD
LANTANA FL 33462

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
 NAME **EPPENGA, LINDA**
 STREET ADDRESS **1189 HYPOLUXO RD**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE **CFO** ☐ Change ☒ Addition
 NAME **Robert Jason**
 STREET ADDRESS **1189 Hypoluxo Road**
 CITY-ST-ZIP **Lantana, FL 33462**

TITLE **PCEO** ☒ Delete
 NAME **~~JOHNSON, JAMES J~~**
 STREET ADDRESS **1189 HYPOLUXO RD**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE **CEO/Pres** ☐ Change ☒ Addition
 NAME **Michael Micallef**
 STREET ADDRESS **1189 Hypoluxo Road**
 CITY-ST-ZIP **Lantana, FL 33462**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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

Robert Jason

4/26/01

Date

(561) 968-1000

Daytime Phone #

CR2E034 (10/00)