

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90338 005 ***150.00

DOCUMENT # L96801

1. Entity Name

SSB SERVICE CORP.

DO NOT WRITE IN THIS SPACE

B0053696

2. Principal Place of Business
1189 HYPOLUXO ROAD

3. Mailing Address
PO BOX 20509

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LANTANA, FLORIDA

City & State
WEST PALM BEACH, FLORIDA

4. FEI Number
65-0214382

Applied For
Not Applicable

Zip
33462

Country
USA

Zip
33416

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

STERLING BANK

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

1189 HYPOLUXO ROAD

City

LANTANA

FL

Zip Code
33462

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	TITLE	NAME
NAME	LINDA EPPENGA	NAME	
STREET ADDRESS	1189 HYPOLUXO ROAD	STREET ADDRESS	
CITY-ST-ZIP	LANTANA, FL 33462	CITY-ST-ZIP	
NAME	CEO ROBERT JASON	NAME	
STREET ADDRESS	1189 HYPOLUXO ROAD	STREET ADDRESS	
CITY-ST-ZIP	LANTANA, FL 33462	CITY-ST-ZIP	
NAME	CEO/P - MICHAEL MICALLEF	NAME	
STREET ADDRESS	1189 HYPOLUXO ROAD	STREET ADDRESS	
CITY-ST-ZIP	LANTANA, FL 33462	CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT JASON

3/14/02

Date

(561) 968-1000

Daytime Phone #

CR2E034B (12/01)