

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90038 035 ***150.00

DOCUMENT # M69005

1. Entity Name

S & S STABLES OF AMELIA, INC.

Principal Place of Business

Mailing Address

7500 FIRST COAST HWY
AMELIA ISL FL 32034
US

7500 FIRST COAST HWY
AMELIA ISL FL 32034-6630
US

2. Principal Place of Business

RT 2 Box 3825

3. Mailing Address

RT 2 Box 3825

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Williard, Florida

City & State

Williard, Florida

Zip

32046

Country

U.S.A.

Zip

32046

Country

U.S.A.

4. FEI Number

59-2874889

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

SINGLETON-LLOYD, SALLY
8990 HECKSCHER DR
FT GEORGE ISL. FL 32226

Name

Sally Singleton

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

RT 2 Box 3825

City

Williard

FL

Zip Code

32046

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 **Sally Singleton - President**

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-00

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, 2000 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 ☐ Delete
NAME **DPS**
STREET ADDRESS **SINGLETON, SALLY RUTH**
CITY-ST-ZIP **7500 FIRST COAST HWY**
AMELIA ISL FL

TITLE ☒ Change ☐ Addition
NAME **DPS**
STREET ADDRESS **Sally Singleton**
CITY-ST-ZIP **RT 2 Box 3825**
Williard, Florida 32046

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SINGLETON, SALLY RUTH**
CITY-ST-ZIP **7500 FIRST COAST HWY**
AMELIA ISL FL

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **Sally Singleton**
CITY-ST-ZIP **RT 2 Box 3825**
Williard, Florida 32046

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Sally Singleton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00 904879-9383

CR2E034 (9/99)