

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90027 039 \*\*\*\*\*70.00

0009191

**DOCUMENT # N26591**

1. Entity Name

**S & S INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

5751B YOUNGQUIST ROAD S.E.  
 FT. MYERS FL 33912

Mailing Address

5751B YOUNGQUIST ROAD S.E.  
 FT. MYERS FL 33912

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

**NOT APPLICABLE**

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

**SICONA, DAVID J.**  
**5751B YOUNGQUIST ROAD S.E.**  
**FT. MYERS FL 33912**

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 David J Sicon

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

David J Sicon

(NOTE: Registered Agent Signature required when reinstating)

4-19-01

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
 NAME **SICONA, PHYLLIS**  
 STREET ADDRESS **15324 BRIAR RIDGE CIR**  
 CITY-ST-ZIP **FT MYERS FL 33912**

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

TITLE **D** ☐ Delete  
 NAME **SICONA, DAVID J.**  
 STREET ADDRESS **15324 BRIAR RIDGE CIR**  
 CITY-ST-ZIP **FT. MYERS FL**

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

TITLE **D** ☒ Delete  
 NAME **SCHAPPERT, KEVIN M.**  
 STREET ADDRESS **13403 FOX CHAPEL CT**  
 CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE **D** ☐ Change ☒ Addition  
 NAME **William Ryan**  
 STREET ADDRESS **19863 Allaire Lane**  
 CITY-ST-ZIP **FT Myers FL 33912**

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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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phyllis Sicon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

941-433-4241

Daytime Phone #

CR2E037 (10/00)