

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024957

1. Entity Name

SST SATELLITE SYSTEMS, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90229 033 ***150.00

Principal Place of Business

4845 BELLE TERRE PKWY., STE. B
PALM COAST FL 32164

Mailing Address

4845 BELLE TERRE PKWY., STE. B
PALM COAST FL 32164

00001000

2. Principal Place of Business

4984 Palm Coast Pkwy

3. Mailing Address

4984 Palm Coast Pkwy

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

Suite 7

City & State

Palm Coast FL

City & State

Palm Coast FL

Zip

32137

Country

USA

Zip

32137

Country

USA

4. FEI Number

59-3636029

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLINS, DONNA S
4845 BELLE TERRE PKWY., STE. B
PALM COAST FL 32164

7. Name and Address of New Registered Agent

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

TITLE PD
NAME ELLINS, ROBERT M
STREET ADDRESS 4845 BELLE TERRE PKWY., STE. B
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

TITLE VD
NAME ELLINS, DONNA S
STREET ADDRESS 4845 BELLE TERRE PKWY., STE. B
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

TITLE STD
NAME PLASTINI, EILEEN
STREET ADDRESS 4845 BELLE TERRE PKWY., STE. B
CITY-ST-ZIP PALM COAST FL 32164 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Donna S. Ellins 4/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)