

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90045 008 ***150.00

DOCUMENT # P00000041669

1. Entity Name

S & S SPIRITS, INC.

Principal Place of Business

5219 LIMIT DRIVE
NEW PORT RICHEY FL 34652

Mailing Address

5219 LIMIT DRIVE
NEW PORT RICHEY FL 34652

2. Principal Place of Business

6620 Ridge Rd
Suite, Apt. #, etc.

3. Mailing Address

6620 Ridge Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Richey FL

City & State

Port Richey FL

4. FEI Number

65-1003846

Applied For

Not Applicable

Zip

34668

Country

Pasco

Zip

34668

Country

Pasco

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRENCE, ALFRED W JR
6645 RIDGE ROAD
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name STEVEN A TINDALL

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

6620 Ridge Rd

City

Port Richey

FL

Zip Code

34668

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 Steven A Tindall STEVEN A. TINDALL President 3-19-01

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

(NOTE: Registered Agent signature required when reinstalling)

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 D ☐ Delete
NAME TINDELL, STEVEN A
STREET ADDRESS 5219 LIMIT DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: Steven A Tindall STEVEN A TINDALL, Pres 3-19-01 727 815 8685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)