

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

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90155 001 ***476.25

DOCUMENT # P00000058385

1. Entity Name

S & S Environmental Services, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~75 N Thompson Creek Rd~~
Suite, Apt. #, etc.

~~SAME~~
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

~~Ormond Beach~~
City & State

City & State

4. FEI Number

Applied For
Not Applicable

~~Ormond Beach, FL~~

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

32174

7. Name and Address of Current Registered Agent

Name

~~Surowitz, Stephen D.~~
Street Address (P.O. Box Number is Not Acceptable)

~~75 N Thompson Creek Rd~~

City

~~Ormond Beach,~~

FL

Zip Code

~~32174~~

**DO NOT WRITE
IN THIS SPACE**

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
STREET ADDRESS
CITY - ST - ZIP

PD
Surowitz, Stephen D
75 N Thompson Creek Rd
Ormond Beach, FL 32174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CFO
Casey, Candice Anne
75 N Thompson Creek Rd
Ormond Beach, FL 32174

TITLE
NAME
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CR2002-B (12/01)

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 empowered.

SIGNATURE: *Candice Anne Casey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002
Date

386 267-2211
Daytime Phone #