

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 19, 2001 8:00 am
Secretary of State**

02-19-2001 90025 036 ***158.75

0436036

DOCUMENT # P00000083100

1. Entity Name

S & S SUPPLY OF THE TREASURE COAST, INCORPORATED

Principal Place of Business

**4343 S W TALUGA STREET
PORT SAINT LUCIE FL 34953**

Mailing Address

**4343 S W TALUGA STREET
PORT SAINT LUCIE FL 34953**

2. Principal Place of Business

492 SW Boltair Ter

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

4. FEI Number

65-1036266

Applied For

Not Applicable

Zip

34984

Country

USA

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, JESSICA ANN
4343 S W TALUGA STREET
PORT SAINT LUCIE FL 34953**

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

*Jessica A. Ross**Jessica Ann Ross**2/13/01*

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	<input type="checkbox"/> Delete
NAME	ROSS, CRAIG HUNTER	
STREET ADDRESS	4343 S W TALUGA STREET	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	

TITLE	STD	<input type="checkbox"/> Delete
NAME	ROSS, JESSICA ANN	
STREET ADDRESS	4343 S W TALUGA STREET	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jessica A. Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Jessica Ann Ross

Date

Daytime Phone #

561-873-5100

CFR2E034 (10/00)