

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110082

1. Entity Name

S & S MOTORS OF CENTRAL FL, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90106 019 ***150.00

Principal Place of Business

118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

Mailing Address

118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

1914 ELLMAN ST
Suite, Apt. #, etc.

3. Mailing Address

1914 ELLMAN ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3684147

Applied For

Not Applicable

Zip

32804

Country

ORANGE

Zip

32804

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

1914 ELLMAN ST.

City
ORLANDO

FL

Zip Code

32804

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 fee if applicable.

JAMES SMITH

(NOTE: Registered Agent signature required when reinstating)

3/30/01
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

PSTD
SMITH, JAMES S
118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Delete

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES SMITH

3/30/01

407-316-8454
Daytime Phone #

CR2E034 (10/00)