2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000016646 DOCUMENT

1. Entity Name

SIGNATURE:

S & S REAL ESTATE HOLDINGS, INC.

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FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91332 023 ***150.00

Principal Place of Business 315 SOUTH PLANT AVENUE TAMPA FL 33006 2. Principal Place of Business Suite Apt #, etc. City & State Country Country Stress, MARY ANN 315 PLANT AVE. TAMPA FL 33602 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. I am familiar with, and acceptable of the Country of Signature, hose or printed name of inegative adaptation. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Finded Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE STILES, MARY ANN STRETANORSS STEWARTS, SHARON STEWARTS, SHARO
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FET Number 59-3714836 Applied For Not Applied For Required For
City & State Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name STIES, MARY ANN 315 PLANT AVE. TAMPA FL 33602 City 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. I am familiar with, and accept the obligations of registered agent and title if applicable. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition Addition Change Addition Addition Addition Addition Addition STREET ADDRESS STREET ADDRESS STREWART, SHARON STREET ADDRESS STREET
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STIES, MARY ANN 315 PLANT AVE. TAMPA FL 33602 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D TITLE D TITLE D TITLE
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12. 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 10 or Block 11 is changed, or on an attachment with an address with all other like empowered.