

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-06-2003 90047 002 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000018210

1. Entity Name
SS REALTY OF THE PALM BEACHES, INC.



Principal Place of Business
4100 RCA BLVD., SUITE 100
PALM BEACH GARDENS, FL 33410

Mailing Address
4100 RCA BLVD., SUITE 100
PALM BEACH GARDENS, FL 33410

55046503



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
7108 Fairway Drive

3. Mailing Address
7108 Fairway Drive

Suite, Apt. #, etc.
Suite 225

Suite, Apt. #, etc.
Suite 225

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

4. FEI Number
81-0560292

Applied For
Not Applicable

Zip 33418

Country USA

Zip 33418

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYRD, BARRY B
4100 RCA BLVD., SUITE 100
PALM BEACH GARDENS, FL 33410

Name

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

7108 Fairway Drive, Suite 225

City Palm Beach Gardens

FL

Zip Code
33418

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

Barry B. Byrd

04/30/03

Signature, typed or printed name of registered agent and date (required)

(NOTE: Registered Agent's signature required when resigning)

DATE

FREE NOW! FEE \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BYRD, LYNN S
13819 PARC DRIVE
PALM BEACH GARDENS, FL 33410 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAXTON, MARY
13929 PARC DRIVE
PALM BEACH GARDENS, FL 33410 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE:

Lynn S. Byrd

04/30/03

(561) 622-5006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC34 (10/02)