

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90071 011 ***150.00

DOCUMENT # P02000105147

1. Entity Name
S & S MUSHROOMS, INC.



Principal Place of Business
**P O BOX 509
QUINCY FL 32353-0509**

Mailing Address
**P O BOX 509
QUINCY FL 32353-0509**

2. Principal Place of Business

6273 Juniper Creek Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Quincy, FL

Zip
32351

Country

Zip

Country

4. FEI Number

82-0567315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DIAMOND, KEITH D
46 S 1ST ST, 4TH FLOOR
MIAMI FL 33130**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$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

<p>TITLE D <input type="checkbox"/> Delete</p> <p>NAME SIMMONS, MARK</p> <p>STREET ADDRESS P O BOX 509</p> <p>CITY-ST-ZIP QUINCY FL 32353-0509</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p>TITLE PVST <input type="checkbox"/> Delete</p> <p>NAME SIMMONS, MARK</p> <p>STREET ADDRESS P O BOX 509</p> <p>CITY-ST-ZIP QUINCY FL 32353-0509</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 **850/442-4911**
Date Daytime Phone #

CR2E034 (10/02)