## FILED May 16, 2001 8:00 am Secretary of State 05-16-2001 90045 021 \*\*\*150.00

2001	<b>UNIFORM</b>	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)
		DOUITEOU		(ODII)

DOCUMENT # P93000069177

S & S REAL ESTATE SERVICE, INC.

Princ	cipal Place of Business
8401	PRESTWICK PLACE
NEW	PORT RICHEY FL 34655

Mailing Address

8401 PRESTWICK PLACE **NEW PORT RICHEY FL 34655** 

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Principal Place of Business     Address     Mailing Address				<del>-</del>		_						
Suite, Apt. #, etc.				Suite, Apt.#, etc.				TE-IN-THIS-S	PACE:			
City & State City & State					····	4.	FEI Number <b>59-320525</b>	4	<u> </u>	oplied For		
Zip		Country	+	Zip	Cour	itry	5.	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					<u></u>	7. Name and Address of New Registered Agent						
SESSA, LINDA 8401 PRESTWICK PLACE					Name Street Address (P.O. Box Number is Not Acceptable)							
NEV	V PURI RIC	HEY FL 34655				City			FL	Zip Cod	e	
8. The above	named entity	v submits this stateme	nt for the	purpose of changing its	s register	ed office or real	stered a	gent, or both, in the State of FI	orida			
Tax filing (See crite	oration is elig		jible	FILE NOW After MAY 1, 2 Make Check Paya	!!! FEE 001 Fee ble to D		00 State	10. Election Campaign Fir	en.	- Added		
11.	T	OFFICERS A	ND DIRE		12.		A[	DDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		INDA A STWICK PLACE IT RICHEY FL 3465:	5	☐ Delete						Change	Addition	
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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 fixe empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

727372-208/