

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 15, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000054337**1. Entity Name  
SSC CONSTRUCTION, INC.Principal Place of Business  
100 BEACHVIEW DRIVE  
VERO BEACH FL 329634216 US  
Mailing Address  
7777 NORTH A1A  
VERO BEACH FL 329634216 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0507111**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**JECK PHILIPPE ESQ  
C/O JECK HARRIS & JONES LLP  
1061 EAST INDIANTOWN ROAD STE 400  
JUPITER FL 33477**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**03/15/2001**

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**

TITLE	TS	<input type="checkbox"/> Delete
NAME	SIMPSON CHERYL P	
STREET ADDRESS	1736 OCEAN DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	V	<input type="checkbox"/> Delete
NAME	HELMS JERRY	
STREET ADDRESS	7201 PLUMOSA LANE	
CITY-ST-ZIP	FORT PIERCE FL 34951	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MASON R. MASON	
STREET ADDRESS	1736 OCEAN MASON DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	TS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMPSON CHERYL R		
STREET ADDRESS	1736 OCEAN DRIVE		
CITY-ST-ZIP	VERO BEACH FL 32963		
TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN DAVID R		
STREET ADDRESS	600 S. OCEAN DRIVE		
CITY-ST-ZIP	HUTCHINSON ISLAND FL 34949		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMPSON R. MASON		
STREET ADDRESS	1736 OCEAN DRIVE		
CITY-ST-ZIP	VERO BEACH FL 32963		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: R. MASON SIMPSON****PRES****03/15/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)