

9/12/01-90157-048-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000080717**

1. Entity Name

S & S PAWN AND SPORTS, INC.

Principal Place of Business

2105 SISTERS WELCOME
LAKE CITY FL 32025
US

Mailing Address

RT 18 BOX 973
LAKE CITY FL 32025
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3242770

Applied For

Not Applicable

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

HORNE, STEPHANIE
RT 18 BOX 973
2105 SISTERS WELCOME RD
LAKE CITY FL 32025

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)

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
HORNE, STEPHANIE
RT 1 BOX 1839
WHITE SPRINGS FL 32098☐ Delete☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 28 AM 11:38



DO NOT WRITE IN THIS SPACE

UNIFORM BUSINESS REPORT

CR2034 (5/01)

Attachment Doc# P94000080717
B0064753

Florida Department of State
Division of Corporations

To Whom it may concern:

I am writing to ask your department for a waiver of fees concerning my business corporate filing fee. I spoke with one of your representatives for further explanation concerning the filing for this corporation. I was unaware the fee of \$150 was due by June 2001. After an extensive conversation with your representative, she suggested I write a letter of explanation.

S+S is a small family owned business. I myself am a single parent, the manager, store clerk, (the buck stops here) person.

Last March I was diagnosed with a disease of the female organs after an ongoing illness of approximately 8-10 months. Major surgery was required including two hospital stays. I am explaining my situation to you in hopes that an exception may be made so as to require only the original fee of \$150 he paid at this time.

To my knowledge I received only one statement although your representative stated two had

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B0064758

been mailed out. The statement I received showed I owed \$550 at this time, due to interest.

Once again due to the previous situation described, I ask that I be allowed to pay the original fee due of \$150. I've enclosed this amount, but if indeed this waiver is not granted please contact me at the following address.

Route 18 Box 973
Lake City, Florida
32025

Sincerely,
Stephen Lorne