

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059287

1. Entity Name
SS II, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90049 033 ***150.00

Principal Place of Business

Mailing Address

1938 VILLAGE GREEN WAY
TALLAHASSEE FL 32308
US

1938 VILLAGE GREEN WAY
TALLAHASSEE FL 32308-3800
US

2. Principal Place of Business

3. Mailing Address

418 E. Virginia St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

32301

Country

USA

4. FEI Number

59-3331087

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

Matt

Name

Groom, MATT C.P.A.

GROOM, MARK C.P.A.

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

418 E. VIRGINIA ST

418 E. Virginia Street

SUITE 2

Suite 2

TALLAHASSEE FL 32301

City

Tallahassee

FL

Zip Code

32301

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

2/3/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITLEY, MARK	
STREET ADDRESS	10663 LAKE IAMONIA DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CHICHESTER, DAN	
STREET ADDRESS	1305 E. WINWOOD WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COGGIN, AL	
STREET ADDRESS	2646 STONERIDGE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, SCOTT	
STREET ADDRESS	1454 VALLEY GREEN DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-00

(850)894-0914

CR2E034 (9/99)