

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 12, 2000 8:00 am
Secretary of State

04-24-2000 90841 001 ***300.00
09-12-2000 90005 050 ***558.75

DOCUMENT # P96000027740

1. Entity Name

S & S SOD, INC.

Principal Place of Business

7150 CLARK ROAD P.O. Box 121065
SARASOTA FL 34241 Clermont, FL
34712-1065

Mailing Address

7150 CLARK ROAD P.O. Box 121065
SARASOTA FL 34241 Clermont, FL
34712-1065

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

65-0739987

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWART, RAYMOND E JR.
7150 CLARK ROAD
SARASOTA FL 34241

7. Name and Address of New Registered Agent

Name

Estrellita Moore

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

3721 Cinnamon Fern Loop

City

Clermont

FL

Zip Code

34711

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 13, 2000 Min. will be \$750.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	SWART, RAYMOND E	
STREET ADDRESS	7150 CLARK RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STT	<input checked="" type="checkbox"/> Delete
NAME	SWART, NANCY	
STREET ADDRESS	7150 CLARK RD	
CITY-ST-ZIP	SARASOTA FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Swart, Andy	
STREET ADDRESS	7150 Clark Road	
CITY-ST-ZIP	Sarasota FL 34241	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	moore, Estrellita	
STREET ADDRESS	3721 Cinnamon Fern Loop	
CITY-ST-ZIP	Clermont, FL 34711	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Estrellita Moore - Vice President 8/31/00

863-9245901

CP2E034 (5/00)