

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90017 005 \*\*\*150.00

**DOCUMENT # P96000030800**

1. Entity Name  
**S. S. & S., INC.**

Principal Place of Business

**36841 PERRY COURT  
 DADE CITY FL 33525  
 US**

Mailing Address

**36841 PERRY COURT  
 DADE CITY FL 33706**

00137046



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5702 WHITEBARK DR.**

Suite, Apt. #, etc.  
**WESLEY CHAPEL FL.**

City & State  
**FL.**

Zip  
**33543**

Country  
**PASCO**

3. Mailing Address

**5702 WHITEBARK DR.**

Suite, Apt. #, etc.  
**WESLEY CHAPEL**

City & State  
**FL.**

Zip  
**33543**

Country  
**PASCO**

4. FEI Number

**59-3373587**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional \* Fee Required

6. Name and Address of Current Registered Agent

**SKEEN, SANDRA H  
 36841 PERRY COURT  
 DADE CITY FL 33706**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SKEEN, SANDRA H</b> <b>36841 PERRY COURT</b> <b>DADE CITY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>SKEEN, W D</b> <b>36841 PERRY COURT</b> <b>DADE CITY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sandra H. Skeen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/02

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

# P96000030800

9/4/02

ATT BUSINESS REPORT

This Form did not reach me until 9/4/02. I didn't get first one - WE MOVED TO 5702 WHITEBARK DR. WESLEY CHAPEL, FL. 33543. This Form went to 36841 PERRY CT. DADE CITY FL. 33543 Then TO 5712 Jay Hill Fl. NOW TO US. I spoke to someone & they said to pay the 150<sup>00</sup> & send it in & you would let me know

Thank you  
Sandra H. Steen

Sandra H. Steen

5702 WHITEBARK DR.

Wesley chapel FL.

33543

(813) 907-6365