

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084708

Entity Name
SJS, INC.

Principal Place of Business

8831 VIKING LANE
LAKELAND FL

Mailing Address

8831 VIKING LANE
LAKELAND FL

2. Principal Place of Business

619 HOWARD AVE.

3. Mailing Address

619 HOWARD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

33815

Country

POLK

Zip

33815

Country

POLK

4. FEI Number

59-3414367

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SEITZ, SUSAN J
8831 VIKING LANE
LAKELAND FL

7. Name and Address of New Registered Agent

Name SAME

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

619 HOWARD AVE.

City

LAKELAND

FL

Zip Code

33815

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

Susan J Seitz

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

(NOTE: Registered Agent signature required when reinstating)

7-10-00

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	D	<input type="checkbox"/> Delete
NAME	SEITZ, SUSAN J	
STREET ADDRESS	8831 VIKING LANE	
CITY-ST-ZIP	LAKELAND 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
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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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seitz, SUSAN J	
STREET ADDRESS	619 HOWARD AVE	
CITY-ST-ZIP	LAKELAND, FL 33815	

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		

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:

Susan J Seitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00

Date

863-686-7862

Daytime Phone #

APPROVED
AND
FILED

00 AUG -3 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

Susan J. Seitz 'Hg. Cat 2
619 Howard Ave.
Lakeland, Fla.
8-1-00 33815-

Dear Michelle,

I have enclosed my 2000 VBR +
a check for \$150. I spoke with
my bank this morning and the
original check #129 mailed 4/15/00
has not cleared.

Also, my home phone number
is the best place to reach me
during the day.

Thanks for your help.

Susan Seitz

SJS Inc. - pres.