2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000020592 Jul 11, 2000 8:00 am i. Entity Name **Secretary of State** S & S Development, Inc. 07-11-2000 90176 014 ***150.00 Principal Place of Business Mailing Address P.O. Box 3096 1154 Havendale Blvd. Winter Haven, FL 33885 Winter Haven, FL 33880 000691JE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3433106 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Brian K. Swain</u> Street Address (P.O. Box Number is Not Acceptable) 1154 Havendale Blvd. Stephens, Donald K. 4110 South Florida Ave. Lakeland, FL 33813 Winter Haven 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. of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150.00 9._This corporation is eligible to satisfy its Intangible_ 10. Election Campaign Financing \$5:00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Change Addition ☐ Delete TITLE NAME Stephens, Donald K. STREET ADDRESS STREET ADDRESS 4110 South Florida Ave. CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33813 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS Swain, Brian K. CITY-ST-ZIP CITY-ST-ZIP 4110 South Florida Ave. Change Addition ☐ Delete Läkèland, FL 33813 TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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.

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CR2E034 (9/99)

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S & S DEVELOPMENT, INC. P.O. BOX 3096 WINTER HAVEN, FL 33885 (863) 299-9019

July 7,2000

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern,

Please find enclosed our 2000 uniform business report along with a copy of a letter responding to our request for this form. We did not receive this report by mail. So that we are exempt from paying a late fee we are filing this report as requested by your office.

Should you have any questions please contact us at (863) 299-9019.

Sincerely,

Brian K. Swain