

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034238

1. Entity Name  
SSRO, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**  
05-15-2000 90177 040 \*\*\*150.00

Principal Place of Business

Mailing Address

1101 N LAKE DESTINY RD  
SUITE 375  
MAITLAND FL 32751  
US

1101 N LAKE DESTINY RD  
SUITE 375  
MAITLAND FL 32751-7156  
US

2. Principal Place of Business

3. Mailing Address

1608 E Gore St  
Suite, Apt. #, etc.  
Orlando FL  
City & State

1608 E Gore St  
Suite, Apt. #, etc.  
Orlando FL  
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3447411

Applied For  
Not Applicable

Zip 32806

Country USA

Zip 32806

Country USA

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

ROSS, JOHN E  
1101 N LAKE DESTINY RD  
SUITE 375  
MAITLAND FL 32751

Name John E Ross  
Street Address (P.O. Box Number is Not Acceptable)  
1608 E Gore St  
Orlando FL 32806  
City 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.

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 \$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	D	<input type="checkbox"/> Delete
NAME	ROSS, JOHN E	
STREET ADDRESS	1608 E GORE ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 #

CR2E034 (9/99)