

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098794

1. Entity Name
SST PROPERTIES, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90160 014 ***150.00

Principal Place of Business
2706 ALT. 19 NORTH, SUITE 270
PALM HARBOR FL 34683

Mailing Address
2706 ALT. 19 NORTH, SUITE 270
PALM HARBOR FL 34683

00012307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
31105 U.S. 19 North
Suite, Apt. #, etc.

3. Mailing Address
31105 U.S. 19 North
Suite, Apt. #, etc.

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

4. FEI Number 59-3479205

Applied For
Not Applicable

Zip
34684

Country

Zip
34684

Country

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

6. Name and Address of Current Registered Agent

BLENNER, WALTER W
2708 ALT. 19 NORTH, SUITE 701
PALM HARBOR FL 34683

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHUMACHER, DONALD J 3564 WOODRIDGE PLACE PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUGAN, MICHAEL 2119 CROSBY ROAD WAYZATA MN 55391	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SNYDER, RICHARD A 643 BELTED KINGFISHER DRIVE NORTH PALM HARBOR FL 34683	<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
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/24/01 X 727-786-6206
Date Daytime Phone #

CR2E034 (10/00)