

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101259

1. Entity Name

SST CUSTOM FABRICATORS, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90047 043 ***150.00

Principal Place of Business

Mailing Address

7109 S.E. 8TH STREET
OKEECHOBEE FL 34974

7109 S.E. 8TH STREET
OKEECHOBEE FL 34974-8172

2. Principal Place of Business

719 Highway 98 North
Suite, Apt. #, etc.

3. Mailing Address

719 Highway 98 North
Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Okeechobee, FL

4. FEI Number

65-0810631

Applied For

Not Applicable

Zip

34974

Country

Okeechobee

Zip

34974

Country

Okeechobee

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

SWEATT, DOROTHY J
7109 S.E. 8TH STREET
OKEECHOBEE FL 34974

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

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

T
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ELDERS, PAMELA J
1277 SW 18TH TERR
OKEECHOBEE FL 34974 ☐ Delete

VP, T
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

PVD
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SWEATT, DOROTHY J
7109 S.E. 8TH STREET
OKEECHOBEE FL 34974 ☐ Delete

P, S
TITLE
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CITY-ST-ZIP
☒ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Dorothy J. Sweatt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-00

CR2E034 (9/99)