

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081426

1. Entity Name

S & S FINANCIAL, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90135 035 ***150.00

Principal Place of Business

5769 N. ANDREWS WAY
FORT LAUDERDALE FL 33309

Mailing Address

5769 N. ANDREWS WAY
FORT LAUDERDALE FL 33309-2364

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0867235

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ECKERT, CHARLES S
5757 N. ANDREWS WAY
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Eckert, Charles S.
Street Address (P.O. Box Number is Not Acceptable)
5769 N Andrews Way

City

FT LAUDERDALE

FL

Zip Code

33309

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ECKERT, CHARLES S	
STREET ADDRESS	5757 N. ANDREWS WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	ECKERT, SCOTT A	
STREET ADDRESS	5757 N. ANDREWS WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	ECKERT, SIBYL	
STREET ADDRESS	5757 N. ANDREWS WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eckert, Charles S	
STREET ADDRESS	5769 N Andrews Way	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	V, P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eckert, Scott A	
STREET ADDRESS	5769 N Andrews Way	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	S, O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eckert, Sibyl M.	
STREET ADDRESS	5769 N Andrews Way	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
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:

Charles Eckert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

(954) 928-0406

Daytime Phone #

CR2E034 (9/99)