

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90029 030 \*\*\*150.00

**DOCUMENT # P98000097875**

1. Entity Name

**S & S FINANCIAL USA, INC.**

Principal Place of Business

Mailing Address

551 S. APOLLO BLVD. SUITE 103  
MELBOURNE FL 32901

551 S. APOLLO BLVD. SUITE 103  
MELBOURNE FL 32901

**067121**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**476 HWY A1A**

3. Mailing Address

**476 HWY A1A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 3B**

**Suite 3B**

City & State

**SATELLITE BEACH, FL**

City & State

**SATELLITE BEACH, FL**

Zip

Country

**32937 USA**

Zip

Country

**32937 USA**

4. FEI Number

**59-3554239**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RICHEY, JAMES H ESQUIRE  
1600 SARNO ROAD, SUITE 4  
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

**JAMES P. HOLLIS**

Street Address (P.O. Box Number is Not Acceptable)

**476 HWY A1A, Suite 3B**

City

**SATELLITE BEACH**

**FL**

Zip Code

**32937**

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

**James P. Hollis, JR. JAMES P. HOLLIS**

**4/27/2001**

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, 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 **D** ☐ Delete  
NAME **HOLLIS, LINDA G**  
STREET ADDRESS **551 S. APOLLO BLVD., SUITE 103**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT** ☒ Change ☒ Addition  
NAME **JAMES P. HOLLIS**  
STREET ADDRESS **476 HWY A1A, Suite 3B**  
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Linda G. Hollis, president** **4/27/01**

**321-777-9910**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)