

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021396

1. Entity Name

S2, INC.

Principal Place of Business

1642
1462 PINECREST DR.
ORANGE PARK FL 32073

Mailing Address

1642
1462 PINECREST DR.
ORANGE PARK FL 32073

2. Principal Place of Business

1642 Pinecrest Dr.
Suite, Apt. #, etc.

3. Mailing Address

1642 Pinecrest Dr.
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3560384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TILLEY, STEPHEN E
4206 BAYMEADOWS ROAD
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name

OSANGE

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

TITLE D
NAME MILLER, ROBERT SCOTT
STREET ADDRESS 1462 PINECREST DR.
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE D
NAME MILLER, SARA S
STREET ADDRESS 1462 PINECREST DR.
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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

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 12, 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

2/01/00

(904)
812-97

Daytime Phone #