

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90503 008 ***150.00

DOCUMENT # P99000067177

1. Entity Name
S+D PERMITS, Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2758 SE 37 ST

3. Mailing Address

2758 SE 37 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

593587808

Applied For

Not Applicable

Zip

34471

Country

USA

Zip

34471

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROBERT STERMER

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

8585 SW Hwy 200 STE 9

City

Ocala

FL

Zip Code

34481

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 ROBERT A STERMER

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/1/02

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 SALVATORE MARTORANA
STREET ADDRESS 2758 SE 37 ST
CITY - ST - ZIP Ocala FL 34471

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

Daytime Phone #

CR2E034B (12/01)