

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90031 032 ***165.00

DOCUMENT # P99000072414

1. Entity Name
SOUTH FLORIDA SOLID SURFACE, INC.

Principal Place of Business
879 NE DIXIE HWY. UNIT 5
JENSEN BEACH FL 34957

Mailing Address
879 NE DIXIE HWY. UNIT 5
JENSEN BEACH FL 34957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0943260**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

LARSEN, RONALD D
879 NE DIXIE HWY, UNIT 5
JENSEN BEACH FL 34957

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **LARSEN, RONALD D**
STREET ADDRESS **879 NE DIXIE HWY, UNIT 5**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

TITLE **T** ☐ Delete
NAME **LARSEN, CHRISLEI M** **CHRISTEL**
STREET ADDRESS **3295 SE MONTE VISTA ST**
CITY-ST-ZIP **PORT SAINT, LUCIE FL 34952**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-01

Date

561-232-2000

Daytime Phone #

CR2E034 (5/01)

Attachment

Dr. #P99000072414

A0082219

SO. FLORIDA SOLID SURFACE INC.

879 N.E. DIXIE HWY. #5 JENSEN BEACH FL 34957
Phone: 561-232-2000 CELL:561-260-9396 FAX561-232-2020

FAX COVER SHEET

Send to: _____	From: <u>CHRIS LARSEN</u>
Attention: _____	Date: <u>8-15-01</u>
Office location: _____	Office location: _____
Fax number: _____	Total Pages incl. Cover: _____

Comments:

TO WHOM IT MAY CONCERN !

THIS IS OUR PAYMENT FOR THE 2001 BUSINESS
REPORT. WE DID NOT RECEIVE ANY OTHER NOTICE
UNTIL THIS ONE MARKED TO BE LATE & HAVING
A PENALTY ADDED - WE WOULD HAVE MAILED YOU
A CHECK EARLIER HAD WE KNOWN. PLEASE
ADVISE US IF THIS IS SATISFACTORY.

THANK YOU !

Chris Larsen