

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

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90210 030 ***150.00

DOCUMENT # PA99000076975
1. Entity Name

SS Enterprise of Chiefland, Inc

978821

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14451 NW 30th Ave 3. Mailing Address 14451 NW 30th Ave

Suite, Apt. #, etc. Hwy 129 Suite, Apt. #, etc. Hwy 129

City & State Chiefland, FL 32626 City & State Chiefland, FL 32626

Zip Country Zip Country

4. FEI Number 59-3599873 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

Name Sharon Workman

Street Address 14451 NW 30th Ave

City Hwy 129

City Chiefland, FL Zip Code 32626

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 Sharon Workman

Signature, typed or printed name of registered agent and fee 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)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$81.25
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 President
NAME DAVID L. Workman
STREET ADDRESS Hwy Box 57
CITY-ST-ZIP Old Town, FL 32680

TITLE Vice President
NAME Sharon S. Workman
STREET ADDRESS Hwy Box 57
CITY-ST-ZIP Old Town, FL 32680

TITLE Chairman
NAME DAVE A. Sullivan
STREET ADDRESS 9095-NW 129 Ct.
CITY-ST-ZIP Chiefland, FL 32626

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CITY-ST-ZIP

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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: Sharon Workman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/02
Date

352 463-2777
Daytime Phone #

CR2E034B (12/01)

Attachment
978821

P99000076975

SS ENTERPRISE OF CHIEFLAND, INC.

14451 N.W. 30 AVE. HWY 129
CHIEFLAND, FLA. 32626
PHONE (352) 463-2777

Please add to
address.

THXS.

September 4, 2002

FLA. DEPT. OF STATE
DIVISION OF CORP.
PO BOX 6327
TALLAHASSEE, FLA. 32314

DEAR SIRs,

WE HAVE BEEN HAVING SOME PROBLEMS WITH OUR MAIL SERVICE AND APPARENTLY HAVE NOT RECEIVED OUR ANNUAL REPORT MAILING. I HAVE CALLED YOUR DEPT. AND RECEIVED INSTRUCTION WITH THIS FORM. I HAVE ENCLOSED A DOWNLOADED COPY FOR OUR REPORT AND DUES OF \$150.00.

THANKING YOU IN ADVANCE,

SINCERELY,



SHARON WORKMAN
VICE PRESIDENT