2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING

Mar 16, 2001 8:00 am DOCUMENT # **S42880 Secretary of State** 1. Entity Name SSR, INC. 03-16-2001 90039 023 ***150.00 Principal Place of Business Mailing Address 3494 N. HWY 301 P O BOX 98 COLEMAN FL 33521 COLEMAN FL 33521 2. Principal Place of Business 3496 HWV 3. Mailing Address P.O. Box Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUMTER City & State Applied For City & State 4. FEI Number 65-0264615 COLEMAN Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent George J. MARCHBANKS, LAWRENCE J. Street Address (P.O. Box Number is Not Acceptable) 4800 N FEDERAL HWY STE 101-E **BOCA RATON FL 33431** COLEMAN 8. The above named entity submits this statement for the purpose of changing its registered office or sistered agent, or both, in the State of Florida SIGNATURE GEORGE J. NASH PRESIDENT quired when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DISECATARY CR2E034 (10/00) Delete Addition TITLE TITLE SARAH L. NASH MARCHBANKS, LAWRENCE J. NAME NAME 1010 WARNELL RD STREET ADDRESS 4800 N FEDERAL HWY #101E STREET ADDRESS COLEMANIFL 3352 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** DP TITLE ☐ Delete TITLE ☐ Change Addition NASH, GEORGE J NAME NAME STREET ADDRESS STREET ADDRESS 1010 WARHELL RD CITY-ST-ZIP CITY-ST-ZIP COLEMAN FL TITLE ☐ Delete TITLE -☐ Change ____ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 tradee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if