2002 UNIFORM BUSINESS REPORT (UBR)

Jun 04, 2002 8:00 am Secretary of State DOCUMENT # P97000026905 1. Entity Name S2L, INCORPORATED 06-04-2002 90203 004 ***558 Principal Place of Business Mailing Address 2770 N.W. 43RD STREET 2770 N.W. 43RD STREET SUITE B SUITE B GAINESVILLE FL 32606 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3433432 Not Applicable Zip Country Zip Country \$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 ے۔Name BIELBY, LORENCE JON ESQ. Street Address (P.O. Box Number is Not Acceptable) GREENBERG, TRAURIG, HOFFMAN, LIPOFF ET AL 101 E. COLLEGE AVENUE TALLAHASSEE FL 32301 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME LEVIN, SAMUEL B NAME STREET ADDRESS 810 GLENARDEN WAY STREET ADDRESS CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME MODZELEWSKI, EDWARD STREET ADDRESS 10 OKATIE RD STREET ADDRESS CITY-ST-ZIE **OKATIEW SC 29910** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME SCHANZE, THOMAS --NAME STREET ADDRESS 13132 EASON ISLAND CIRCLE STREET ADDRESS CITY-ST-ZIP Jacksonville fl 32224 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PETRELLA, DAWN G NAME STREET ADDRESS 10216 SW 41 AVE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32607 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE Delete TITLE

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 chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED

☐ Change

☐ Addition

(9/01)

CR2E034

FILED