## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

1. Entity Name

S2L, INCORPORATED

7000026905	
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Principal Place of Business

2770 N.W. 43RD STREET

2. Principal Place of Business
529 VERSAILLES DR

MAITLAND, FL

SUITE B GAINESVILLE FL 32606

Suite, Apt. #, etc.

City & State

Mailing Address

2770 N.W. 43RD STREET

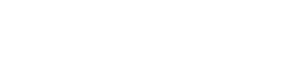
SUITE B

GAINESVILLE FL 32606

Suite, Apt. #, etc.

3. Mailing Address

City & State



FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90093 043 \*\*\*150.00



<sup>Zip</sup> 32751	- 458°	Country	Zip		Country	ountry		ertificate of Status Desired		<b>\$8.75</b> Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
BIELBY, LORENCE JON ESQ. GREENBERG, TRAURIG, HOFFMAN, LIPOFF ET AL						Name Street Address (P.O. Box Number is Not Acceptable)					
101 E. COLLEGE AVENUE											
TALLAHASSEE FL 32301					City				FL	Zip Cod	е
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Fin Trust Fund Contribution	n.	Added	May Be
10.		OFFICERS AND D	DIRECTOR	S	11.		ADD	ITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MUEL B ARDEN WAY TE SPRINGS FL 32701		☐ Delete	TITLE NAME STREET ADORE CITY-ST-ZIP	D MAG	CKE) 16 L NTER	, ROBERT E INDENWOOD R PARK, FL 3	DR 2792	☐ Change	Addition 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MODZELE 10 OKATIE OKATIEW			<b>⊠</b> Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	28 80 28 80	nITH 29 F	PARK, FL 30, OMAR E RIDGE VALLE'STOCK, GA 3	0189	☐ Change	Addition &
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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 empowers of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with/all offer, like empowered.

**SIGNATURE:**