

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # P97000026905**

1. Entity Name  
**S2L, INCORPORATED**



Principal Place of Business  
**2770 N.W. 43RD STREET  
SUITE B  
GAINESVILLE FL 32606**

Mailing Address  
**2770 N.W. 43RD STREET  
SUITE B  
GAINESVILLE FL 32606**



2. Principal Place of Business  
**529 VERSAILLES DR**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 103**

Suite, Apt. #, etc.

City & State  
**MAITLAND, FL**

City & State

Zip  
**32751-4589**

Country  
**USA**

Zip

Country

4. FEI Number  
**59-3433432**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIELBY, LORENCE JON ESQ.  
GREENBERG, TRAUIG, HOFFMAN, LIPOFF ET AL  
101 E. COLLEGE AVENUE  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEVIN, SAMUEL B  
810 GLENARDEN WAY  
ALTAMONTE SPRINGS FL 32701** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MACKEY, ROBERT E  
1316 LINDENWOOD DR  
WINTER PARK, FL 32792** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MODZELEWSKI, EDWARD  
10 OKATIE RD  
OKATIEW SC 29910** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SMITH, OMAR E  
8029 RIDGE VALLEY  
WOODSTOCK, GA 30189** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHANZE, THOMAS  
13132 EASON ISLAND CIRCLE  
JACKSONVILLE FL 32224** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PETRELLA, DAWN G  
10216 SW 41 AVE  
GAINESVILLE FL 32607** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**DAWN G. PETRELLA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

Date

352-375-8700

Daytime Phone #

CR2E034 (10/02)