2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P0000001307 DOCUMENT

1. Entity Name

S & L HUNTER SERVICES INC.



Mar 20, 2003 8:00 am & Secretary of State **FILED**

03-20-2003 90113 031 ***150.00

Principal Place of Business 1150 49TH AVENUE VERO BEACH FL 32966		Mailing Address P.O. BOX 651063 VERO BEACH FL 32965 US					
2. Principal Place of Business		3. Mailing Address					#
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-0973342		pplied For
Zip	Country	Zip	Country		5. Certificate of Status Desired	¢0.75 .	ditional
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Regist	ered Agent	
والمراب المرابعة والمرابعة			Name	Name			
SNODGRE 1150 49TH	ss, shane I avenue		Street Address (P.O. Box Number is Not Acceptable)		
VERO BEA	CH FL 32966						
			City			FL Zip Cod	e
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or	registered	dagent, or both, in the State of Florida.	I am familiar with,	and accept
SIGNATUÑE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Agent signatu	re required wh	nen reinstating)	DATE	
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	0		<u> </u>	9. Election Campaign Financir Trust Fund Contribution	~ _ ++	0 May Be
Make Check	k Payable to Florida Department						d to Fees
10.		ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICER		
	PD	☐ Delete	TITLE NAME			☐ Change	
	SNODGRESS, SHANE R 1150 49TH AVE		STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32966		CITY-ST-ZIP				
TITLE	NPD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	SNODGRESS, LINDA J		NAME			_ •	_
	1150 49TH AVE		STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32966		CITY-ST-ZIP				
THILE		. Delete	TITLE			Change	☐ Addition
NAME		المراجعة المراجعة	NAME - TOTAL	egradii	والمواري والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete	TITLE			☐ Change	☐ Addition
NAME		□ Deléfé	NAME			Change	Addition
STREET ADDRESS			STREET ADDRESS		•		
CITY-ST-ZIP	:		CITY-ST-ZIP				
TITLE	11	☐ Delete	TITLE .		• • •	☐ Change	☐ Addition
NAME			NAME			•	_
STREET ADDRESS		e	STREET ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP				
TITLE		Delete	TITLE			· . 🔲 Change	Addition
NAME			NAME	•-		•	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby o	certify that the information supplied w	ith this filing does not qualify for	the exemption state	ed in Secti	ion 119 07(3)(i) Florida Statutes I furth	er certify that the in	oformation

of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes: In turner 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: