

2000 UNIFORM BUSINESS REPORT (UBR)

5/15/00-90284-045-\$150.00-\$150.00

DOCUMENT # P99000056059

1. Entity Name
SL TECHNOLOGIES, INC.

FILED

00 JUN -9 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2213 LANCEWOOD CT
ORLANDO FL 32817

Mailing Address
2213 LANCEWOOD CT
ORLANDO FL 32817-4255

2. Principal Place of Business 238 River Bend Dr.	3. Mailing Address 239 River Bend Dr.
Suite, Apt. #, etc. Apt. A	Suite, Apt. #, etc. Apt. A
City & State Altamonte Springs FL	City & State Altamonte Springs FL
Zip 32714	Zip 32714
Country USA	Country USA

4. FEI Number
59 3587010

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TILLET, LUIS H
2213 LANCEWOOD CT
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name
Tillett, Luis H

Street Address (P.O. Box Number is Not Acceptable)
239 River Bend Dr. Apt. A

City
Altamonte Springs

State
FL

Zip Code
32714

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

04/29/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME TILLET, LUIS H	
STREET ADDRESS 2213 LANCEWOOD CT	
CITY-ST-ZIP ORLANDO FL 32817	
TITLE D	<input type="checkbox"/> Delete
NAME TILLET, PATRICIA J	
STREET ADDRESS 2213 LANCEWOOD CT	
CITY-ST-ZIP ORLANDO FL 32817	
TITLE D	<input type="checkbox"/> Delete
NAME BUTLER, STEPHANIE L	
STREET ADDRESS 2618 JANET STREET	
CITY-ST-ZIP KISSIMEE FL 34741	
TITLE D	<input type="checkbox"/> Delete
NAME BUTLER, SANDRA S	
STREET ADDRESS 2618 JANET STREET	
CITY-ST-ZIP KISSIMEE FL 34741	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Tillett, Luis H	
STREET ADDRESS 239 River Bend Dr. Apt. A	
CITY-ST-ZIP Altamonte Springs FL 32714	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Tillett, Patricia J	
STREET ADDRESS 238 River Bend Dr. Apt. A	
CITY-ST-ZIP Altamonte Springs FL 32714	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Butler, Stephen L.	
STREET ADDRESS 2618 Janet Street	
CITY-ST-ZIP Kissimmee, FL 34741	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

04/29/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)