

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90024 006 \*\*\*150.00

0045489

**DOCUMENT # P99000056059**

1. Entity Name  
**SL TECHNOLOGIES, INC.**

Principal Place of Business 238 RIVER BEND DRIVE APT. A ALTAMONTE SPRINGS FL 32714	Mailing Address 238 RIVER BEND DRIVE APT. A ALTAMONTE SPRINGS FL 32714
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014443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3587016</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**TILLET, LUIS H**  
**238 RIVER BEND DRIVE**  
**APT. A**  
**ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 *Luis H Tillet* **Luis H Tillet** DATE **04/30/01**

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 Tax filing requirement and elects to do so.   
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TILLET, LUIS H</b> <b>238 RIVER BEND DRIVE, APT. A</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TILLET, PATRICIA J</b> <b>238 RIVER BEND DRIVE, APT. A</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUTLER, STEPHEN L</b> <b>2618 JANET STREET</b> <b>KISSIMMEE FL 34741</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUTLER, SANDRA S</b> <b>2618 JANET STREET</b> <b>KISSIMMEE FL 34741</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO / D.</b> <b>Christopher L Iannaccone</b> <b>1700 NORTH ATLANTIC AVE UNIT 215</b> <b>COCONA BEACH. 32931</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Luis H Tillet* DATE **04/30/01** DAYTIME PHONE # **407-989-1470**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)