

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90029 005 \*\*\*150.00

**A0055063**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **G89788**  
 1. Entity Name  
**S. L. A. W., Inc.**

Principal Place of Business      Mailing Address  
**3211 Moody Rd.**      **3211 Moody Rd.**  
**Orange Park, FL**      **Orange Park, FL**  
**32065**      **32065**

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

Zip      Country      Zip      Country

4. FEI Number  
**59-2436440**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Linda Y LeSage**  
**3211 Moody Rd.**  
**Orange Park, FL 32065**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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	PD	<input type="checkbox"/> Delete
NAME	Linda Y LeSage	
STREET ADDRESS	357 Glenlyon St.	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	Steven C. LeSage	
STREET ADDRESS	357 Glenlyon St.	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	V	<input type="checkbox"/> Delete
NAME	William LeSage	
STREET ADDRESS	3185 Star Bright Ct.	
CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	V	<input type="checkbox"/> Delete
NAME	Angela LeSage	
STREET ADDRESS	357 Glenlyon St.	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Tina Teschendorf	
STREET ADDRESS	3529 Trailridge Rd.	
CITY-ST-ZIP	Middleburg, FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:  **4-17-01** **(904) 269-7281**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/00)