

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G89788

1. Entity Name

S.L.A.W., INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90014 020 \*\*\*150.00

Principal Place of Business

Mailing Address

3211 MOODY ROAD  
ORANGE PARK FL 32065-6808

3211 MOODY ROAD -  
ORANGE PARK FL 32065-6808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

LESAGE, LINDA Y.  
3211 MOODY ROAD  
ORANGE PARK FL 32073

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

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.  
(See criteria on back)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS LESAGE, LINDA Y.  
CITY-ST-ZIP 357 GLEN LYON STREET  
ORANGE PARK FL

TITLE ☐ Change ☐ Addition  
NAME Y. ADRIAN...  
STREET ADDRESS 1012 W. 10th St.  
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LESAGE, STEVEN C.  
CITY-ST-ZIP 357 GLEN LYON STREET  
ORANGE PARK FL

TITLE ☐ Change ☐ Addition  
NAME D. L. ADRIAN...  
STREET ADDRESS 1012 W. 10th St.  
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Delete  
NAME V  
STREET ADDRESS LESAGE, WILLIAM  
CITY-ST-ZIP 3185 STAR BRIGHT CT  
MIDDLEBURG FL 32068

TITLE ☐ Change ☐ Addition  
NAME V. ADRIAN...  
STREET ADDRESS 1012 W. 10th St.  
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Delete  
NAME V  
STREET ADDRESS LESAGE, ANGELA  
CITY-ST-ZIP 357 GLENLYAN ST  
ORANGE PARK FL 32073

TITLE ☒ Change ☐ Addition  
NAME V. ADRIAN...  
STREET ADDRESS 357 Glenlyon Street  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS TESCHENDORF, TINA  
CITY-ST-ZIP 3529 TRAILRIDGE RD  
MIDDLEBURG FL 32068

TITLE ☐ Change ☐ Addition  
NAME ST. TESCHENDORF...  
STREET ADDRESS 3529 TRAILRIDGE RD  
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/06/00

904-269-7281

CR2E034 19/99