

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90348 047 ***150.00

DOCUMENT # G89788

1. Entity Name
S.L.A.W., INC.



Principal Place of Business
**3211 MOODY ROAD
ORANGE PARK FL 32065-6808**

Mailing Address
**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

Zip

Country

Zip

Country

4. FEI Number
59-2436440

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
Zip code - 32073

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
Zip code - 32073

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**Angela Pickett
103 Kettering way
Orange Park, FL 32073**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**1701 Redwood Ln.
Middleburg, FL 32068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03 9042697281

CR2E034 (10/02)