

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90101 006 ***150.00

DOCUMENT # **P0000000152560** ✓
1. Entity Name **S2 L SIDING SPECIALISTS INC.**

DO NOT WRITE IN THIS SPACE

B0050245

2. Principal Place of Business **13349 LUXBURY LOOP**
Suite, Apt. #, etc.

3. Mailing Address **13349 LUXBURY LOOP**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **ORLANDO FLORIDA**
Zip **32837** Country

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4. FEI Number **59-3478642**
Applied For ☐ Not Applicable

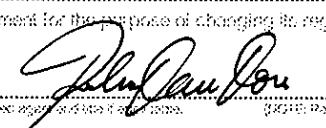
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **RUBEN D. TORO**
Street Address (P.O. Box Number is Not Acceptable) **7345 SAND LAKE RD**
STE. 204
City **ORLANDO** FL Zip Code **32819**

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  **03/11/02**
Signature, typed or printed name of registered agent or officer of corporation. (Typed registered agent signature required when recording.) DATE

9. This corporation is eligible to satisfy its tangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$200.00
Amended UBR is \$61.25
Make Check Payable to Department of State

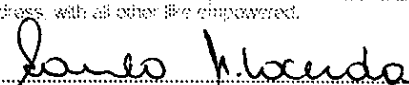
10. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	DPST LACERDA, SAULO M. 13349 LUXBURY LOOP ORLANDO FL. 32837	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information disclosed 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **President (407) 816-5770**