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 # P02000015256 ✓

1. Entity Name: S & L SIDING SPECIALISTS INC.

B0050245

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
13349 LUKBURY LOOP Suite, Apt. #, etc.	13349 LUKBURY LOOP Suite, Apt. #, etc.	
City & State: ORLANDO FLORIDA	City & State: ORLANDO FLORIDA	4. FEI Number: 59-3478642 ☐ Applied For ☐ Not Applicable
Zip: 32837 Country	Zip: 32837 Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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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: _____ DATE: 03/11/02
Signature, typed or printed name of registered agent and title if an officer is listed. (If not, Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its annual/biennial 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 $306.96
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	DPST
NAME	LACERDA, SAULO M.
STREET ADDRESS	13349 LUKBURY LOOP
CITY-ST-ZIP	ORLANDO FL. 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Saulo M Lacerda President (407)816-5770