2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000113834

11746 GRACES WAY

CLERMONT, FL 34711

Address:

City-St-Zip:

FILED May 01, 2002 8:00 AM Secretary of State

Entity Na	me: D&SLA	AND DEVELOPMENT, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ACE'S WAY NT, FL 34711				
Current Mailing Address:			New Mailing Addres	ss:	
PO BOX 1 CLERMON	20609 NT, FL 347120	0609			
FEI Number	: 59-3686732	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
11746 GR	, DOUGLAS A ACE'S WAY NT, FL 34711		PARRISH, DOUGLAS 11746 GRACE'S WA CLERMONT, FL 347	Υ	
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE: DOUGLA	AS A. PARRISH		05/01/2002	
	Electro	nic Signature of Registered Ag	jent	Date	
		o satisfy its Intangible Tax filing re	quirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPT (PARRISH, DOI 11746 GRACE CLERMONT, F	'S WAY	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	DV (PATTERSON, 657 PARK VAL CLERMONT, F	LEY CIRCLE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name:	S (PARRISH. MA) Delete RY F	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DOUGLAS A. PARRISH P 05/01/2002	
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