

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90100 039 ***150.00

DOCUMENT # **PO1000056353**

1. Entity Name

F S L ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

659762

2. Principal Place of Business

9652 EaglePointe Ln
Suite, Apt. #, etc.

3. Mailing Address

9652 EAGLE POINTE LN
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

4. FEI Number

65-1106687

Applied For

Not Applicable

Zip
33467

Country

Zip
33467

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FRED S Styka

Street Address (P.O. Box Number is Not Acceptable)

630 SOUTH SAPODILLA AVE PH10

City

WEST PALM BCH

FL

Zip Code

33410

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

Fred S. Styka

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/02

9. This corporation is eligible to satisfy its Intangible
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 \$550.00

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
**P.D.
Fred S Styka
630 SOUTH SAPODILLA AVE PH10
WEST PALM BEACH, FL 33410**

TITLE
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**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)(f), 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:

Fred S. Styka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02
Date

Daytime Phone #