2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Sep 11, 2003 8:00 am Secretary of State

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DOCUMENT # P02000133857 1. Entity Name					08-29-2003 90092 020 ***150.00			
S&LEN	NTERPRISES OF SOUTHW	VEST FLORIDA, INC.				~~~ 4 <u>~</u>	,	
Principal Place of Business Mailing Addr								
513 SE 4TH TERR		513 SE 4TH TERR		i				
CAPE CORAL	L FL 33990	CAPE CORAL FL 3399	y	1			111	.
1					- 1 m - 1			
2. Principal I	Place of Business	3. Mailing Address				• • • • •	ea to ca	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Star	te -	City & State		4	4. FEI Number Applied For]
					06-1666707		Applicable]
Zip	Country	Zip	Country	5	5. Certificate of Status Desired	8.75 Additional		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
The second of th				Name				
GAY, SARAH M				Street Address (P.O. Box Number is Not Acceptable)				
513 SE 4TH TERR								
CAPE CO	IRAL FL 33990			,				
		•	City		FL Zip Code		· · · · ·	1
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing	its registered office	or registered a	agent, or both, in the State of Florida. I am fa	ımiliar with, a	ind accept	1
								1
SIGNATURE	Signature, typed or printed name of registered age	nt and title it applicable. (NC	OTE: Registered Agent aig	nature required when	n reinstating) DATE			}
F	TLE NOW!!! FEE IS \$550.00							1
After September 10, 2003 Fee will be \$750.00					S. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	1
Ĺ	k Payable to Florida Department	of State			Track Faire Continue Co.	Addag	IO FBB5	}
1t:			11.					
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CITY-ST-ZIP	CAPE CORAL FL 33990		CITY-ST-ZIP	*				
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 outh; that I am an officer or director.

STREET ADDRESS

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STREET ADDRESS

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Delete

12. I hereby certify that the information supplied with this filling 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 attachmining with an address, with all others in the provided statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CiTY-ST-ZIP

TITLE

NAME

TITLE

HAME

SONATURE AND TYPED OR PROTED NAME OF RIGHD OFFICER OR DIRECT

08-08-03

Daytime Phone 6

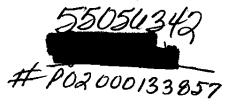
Change

Change

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☐ Addition

attachment



S & L ENTERPRISES OF SW FL, INC

513 SE 4th Terrace

Cape Coral, FL 33990

25 August, 2003

Florida Department of State

Please accept my check for \$150.00 and renew my corporate status. I have had several problems over the last 6 months receiving my mail in a timely manner. I never received the first notice and only recently received the one I am mailing in with this letter. If you have any further questions or if there is a problem processing my paperwork please contact me at 239-458-9835.

Thank You,

Sarah Gay Owner

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