

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036292

1. Entity Name
S L BUILDERS, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90097 012 ***150.00

Principal Place of Business

Mailing Address

~~4630 PARADISE ISLES~~
DESTIN FL 32541
US

POST OFFICE BOX 5652
DESTIN FL 32540
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4061 Drifting Sand Trail
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Destin, FL 32541
Zip Country

Zip Country

USA

4. FEI Number 59-3180802

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTH, JAMES C
400 SOUTH SHORE DRIVE
DESTIN FL 32541

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HUGHES, LAWRENCE
STREET ADDRESS ~~4630 PARADISE ISLES~~
CITY-ST-ZIP DESTIN FL 32541

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4061 Drifting Sand Trail
CITY-ST-ZIP Destin, FL 32541

TITLE D ☐ Delete
NAME HUGHES, SHARON R
STREET ADDRESS ~~4630 PARADISE ISLES~~
CITY-ST-ZIP DESTIN FL 32541

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4061 Drifting Sand Trail
CITY-ST-ZIP Destin, FL 32541

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence Hughes, Pres. 3/6/01 850-837-0059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)