2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State
01-12-2000 90041 020 ***150.00

DOCUMENT # P95000068377

1. Entity Name
SLSA, INC.

Principal Place of Business	Mailing Address
17428 DARBY LANE LUTZ FL 33549	17428 DARBY LANE LUTZ FL 33549-6420

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
18720 PLANNERS WAY		18720 PLANNERS WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LUTZ FL		City & State: LUTZ FL	
Zip: 33549	Country: USA	Zip: 33549	Country: USA

4. FEI Number 59-3340195 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STERLING, SARA
17428 DARBY LANE
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 18720 PLANNERS WAY
City LUTZ **FL** Zip Code 33549

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] SARA STERLING D 1-4-00
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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D STERLING, SARA ~~17428 DARBY LANE~~ ~~LUTZ FL 33549~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STERLING, SARA 18720 PLANNERS WAY LUTZ FL 33549	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] SARA STERLING D 1-4-00 813 909-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)