2000 UNIFORM BUSINESS REPORT (UBR)

SINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P96000042956 May 09, 2000 8:00 am Secretary of State SDL ENTERPRISES, INC. 05-09-2000 90091 003 ***150.00 Principal Place of Business Mailing Address 1505 W EL DORADO PARKWAY 1505 W EL DORADO PARKWAY CAPE CORAL FL 33914-8039 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address S (1) Auc *5503* 5503 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0678166 Not Applicable CAPE CORA A16 CONOl Country \$8.75 Additional 5. Certificate of Status Desired 33914 Fee Required LCC LE E 7. Name and Address of New Registered Agent 🕾 ---Name and Address of Current Registered Agent SHARON Lowendick, LOWENDICK, SHARON P Street Address (P.O. Box Number is Not Acceptable) 1505 W EL DORADO PARKWAY CAPE CORAL FL 33914 5503 SW 1445 Zip Code 33<u>9</u>/4 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PSTD** ☐ Delete TITLE TITLE Lowendick , Shoren P. LOWENDICK, SHARON P NAME 5503 SW 14th AUE STREET ADDRESS 1505 W EL DORADO PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 EI Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change. - Addition Delete ---TITLE -DITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.