

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**  
 04-29-2000 90008 033 \*\*\*150.00

**DOCUMENT # P97000012660**

1. Entity Name  
**S & L PRINTING ENTERPRISES, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>2005 TREE FORK LANE<br/>                 SUITE 113<br/>                 LONGWOOD FL 32750</b> | Mailing Address<br><b>2005 TREE FORK LANE<br/>                 SUITE 113<br/>                 LONGWOOD FL 32750-3533</b> |
|---|--|



DO NOT WRITE IN THIS SPACE

|  |                            |  |  |
|--|----------------------------|--|--|
| 2. Principal Place of Business<br><b>2520 CR427 North</b><br>Suite, Apt. #, etc.<br><b>Suite 132</b><br>City & State<br><b>Longwood, FL</b><br>Zip<br><b>32750</b> |                            | 3. Mailing Address<br><b>P.O. Box 520973</b><br>Suite, Apt. #, etc.<br>City & State<br><b>Longwood, FL</b><br>Zip<br><b>32752-0973</b> |  |
| Country<br><b>Seminole</b>   | Country<br><b>Seminole</b> |  |  |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3424871</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent  
**SASSER, LINDA  
 2005 TREE FORK LN  
 SUITE 113  
 LONGWOOD FL 32750**

7. Name and Address of New Registered Agent  
 Name  
**Sasser, Linda**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2520 CR427 North**  
**Suite 132**  
 City  
**Longwood** **FL** Zip Code  
**32750**

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 Linda Sasser *Linda Sasser* DATE 4/20/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

11. OFFICERS AND DIRECTORS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVST<br>SASSER, LINDA<br>2005 TREE FORK LN, SUITE 113<br>LONGWOOD FL 32750 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVST / Sasser, Linda<br>Suite 132<br>2520 CR427 Noerth<br>Longwood, FL 32750 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: Linda Sasser *Linda Sasser* DATE 4/20/00 DAYTIME PHONE # 407-339-8906  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)