

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020539

1. Entity Name

S.L.F. DESIGNS INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90073 046 \*\*\*150.00

Principal Place of Business Mailing Address  
S.L.F. DESIGNS INC. S.L.F. DESIGNS INC.  
818 US HWY 1 SUITE 7 818 US HWY 1 SUITE 7  
NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408-3546  
US US

2. Principal Place of Business 3. Mailing Address  
1201 U.S HWY 1 1201 U.S HWY 1  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite 45 Suite 45  
City & State City & State  
North Palm Beach, Florida North Palm Beach, Florida  
Zip Country Zip Country  
33408 U.S.A 33408 U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0737618 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  
FISHER, SARA L. Name Fisher, Sara L.  
S.L.F. DESIGNS INC. Street Address (P.O. Box Number is Not Acceptable)  
818 US HWY 1 SUITE 7 1201 U.S HWY 1 Suite 45  
NORTH PALM BEACH FL 33408  
City North Palm Beach FL Zip Code 33408

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 DATE 4/07/00  
(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)  
\* 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	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, SARA L	NAME	
STREET ADDRESS	6311 BARBARA ST	STREET ADDRESS	
CITY-ST-ZIP	PBG FL 33418	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 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: DATE 4/07/00 561 626 0101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)