

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91579 001 ***150.00

DOCUMENT # P97000105750

1. Entity Name
S & L DEVELOPMENT ASSOCIATES, INC.

Principal Place of Business

**11220 METRO PKWY
 STE #22
 FORT MYERS FL 33912
 US**

Mailing Address

**P. O. BOX 6656
 FORT MYERS FL 33911
 US**

2. Principal Place of Business

**11220 Metro Pkwy
 Suite #5
 Fort Myers, FL**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0809845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WELCH, LIN
 11220 METRO PKWY
 STE 22
 FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name

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

11220 Metro Pkwy

Suite #5

Fort Myers

FL

Zip Code

33912

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, 2002 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

TITLE **D** ☐ Delete
 NAME **MILLER, STEPHANIE**
 STREET ADDRESS **15750 CATALPA COVE DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **D** ☐ Delete
 NAME **WELCH, LIN N**
 STREET ADDRESS **POST OFFICE BOX 6656**
 CITY-ST-ZIP **FORT MYERS FL 33911**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

LIN WELCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

941-939-9224

Daytime Phone #

CR2E034 (9/01)