

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067333

1. Entity Name

SL COMPANY OF CENTRAL FLORIDA, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90038 006 ***150.00

Principal Place of Business

Mailing Address

303 SMOKERISE BOULEVARD
LONGWOOD FL 32779

303 SMOKERISE BOULEVARD
LONGWOOD FL 32712-2381

2. Principal Place of Business

3. Mailing Address

1401 Winged Foot Dr
Suite, Apt. #, etc.

1401 Winged Foot Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Apopka, FL

Apopka, FL

4. FEI Number

59-3531672

Applied For

Not Applicable

Zip

Country

Zip

Country

32712

USA

32712

USA

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

LEHNER, SHEILA
303 SMOKERISE BOULEVARD
LONGWOOD FL 32779

Name
SHEILA LEHNER

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

1401 WINGED FOOT DR.

Apopka, FL

32712

City

FL

Zip Code

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)

5/26/00

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 D ☐ Delete
NAME LEHNER, SHEILA
STREET ADDRESS 303 SMOKERISE BOULEVARD
CITY-ST-ZIP LONGWOOD FL 32779

TITLE PRESIDENT ☒ Change ☐ Addition
NAME SHEILA LEHNER
STREET ADDRESS 1401 WINGED FOOT DR.
CITY-ST-ZIP Apopka, FL 32712

TITLE D ☐ Delete
NAME LEHNER, LEG
STREET ADDRESS 303 SMOKERISE BOULEVARD
CITY-ST-ZIP LONGWOOD FL 32779

TITLE TRES ☒ Change ☐ Addition
NAME LEE LEHNER
STREET ADDRESS 1401 WINGED FOOT DR
CITY-ST-ZIP Apopka, FL 32712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/00

Daytime Phone #

CR2E034 (9/99)