

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 29, 2001 8:00 am
Secretary of State

05-17-2001 91027 002 ***150.00
05-17-2001 91027 001 *****8.75

DOCUMENT # P98000079328

1. Entity Name

SCL ENTERPRISES, INC.

Principal Place of Business

**1007 STUCKI TERRACE
WINTER GARDEN FL 33787-4296
US**

Mailing Address

**1007 STUCKI TERRACE
WINTER GARDEN FL 33787-4296
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**APPLIED FOR
59-3724763**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILDER, CHARLIE MAE
1007 STUCKI TERRACE
WINTER GARDEN FL 33787-4296**

7. Name and Address of New Registered Agent

Name

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

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)

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, 2001 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	DM	<input type="checkbox"/> Delete
NAME	WILDER, CHARLIE MAE	
STREET ADDRESS	1007 STUCKI TERRACE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILDER, SAWARKE D	
STREET ADDRESS	1007 STUCKI TERRACE	
CITY-ST-ZIP	WINTER GARDEN FL 33787	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DRUMMER, LAQUENTA D	
STREET ADDRESS	1007 STUCKI TERRACE	
CITY-ST-ZIP	WINTER GARDEN FL 33787-4296	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DRUMMER, SANDRA F	
STREET ADDRESS	508 LONG POINT CT.	
CITY-ST-ZIP	CHESAPEAKE VA 23322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Charlie Mae Wilder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 407 656-7200

Date

Daytime Phone #

CR2E034 (10/00)

Attached

9137

Doc # P98000079328

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **59-3724763**

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

► Keep a copy for your records.

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) SCL Enterprises, Inc.	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name Charlie Mae Wilder
4a Mailing address (street address) (room, apt., or suite no.) 1007 Stucki Terrace	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code Winter Garden, Florida 34787	5b City, state, and ZIP code
6 County and state where principal business is located Orange, Florida	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► 259-44-4917 Charlie Mae Wilder	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input checked="" type="checkbox"/> Other (specify) ► Non-Profit	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input checked="" type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
<input type="checkbox"/> Other (specify) ►	

10 Date business started or acquired (month, day, year) (see instructions) September 18, 1998	11 Closing month of accounting year (see instructions)
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	N/A
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)	Nonagricultural	Agricultural	Household
N/A			

14 Principal activity (see instructions) ► Educational, Scientific and Charitable
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15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used: ►		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ►	Trade name ►
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Business telephone number (include area code) (407) 656-7200
Name and title (Please type or print clearly.) ► Charlie Mae Wilder, President			Fax telephone number (include area code) (407) 654-1106

Signature ► Charlie Mae Wilder	Date ► June 14, 2001
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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