

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000008705

Entity Name: SBL INC.**Current Principal Place of Business:**1403 DUNN AVE
SUITE 2 #332
JACKSONVILLE, FL 32218**Current Mailing Address:**1403 DUNN AVE
SUITE 2 #332
JACKSONVILLE, FL 32218 US**FEI Number:** 84-2791416**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, SHAVONNE A
220 NETTLES LANE
APT. 302
PONTE VEDRA, FL 32081 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	WILLIAMS, SHAVONNE A
Address	525 W 65TH STREET
City-State-Zip:	JACKSONVILLE FL 32208

Title	SECR
Name	JEAN-LOUIS, ISEMANITTE
Address	6677 LANA LANE
City-State-Zip:	JACKSONVILLE FL 32244

Title	TREA
Name	JEAN-LOUIS, ERNYSE
Address	6677 LANA LANE
City-State-Zip:	JACKSONVILLE FL 32244

Title	VP
Name	JEAN-LOUIS, BERVELY
Address	6677 LANA LANE
City-State-Zip:	JACKSONVILLE FL 32244

Title	ASEC
Name	DOMINGUEZ, MALAYA M
Address	525 W 65TH STREET
City-State-Zip:	JACKSONVILLE FL 32208

Title	ATRE
Name	MARIANA, AIYANNA I
Address	525 W 65TH STREET
City-State-Zip:	JACKSONVILLE FL 32208

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHAVONNE A WILLIAMS**PRESIDENT****04/30/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date