

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 657995

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90019 037 ***150.00

1. Entity Name
SLIGER & ASSOCIATES, INC.

Principal Place of Business Mailing Address
NOVA ROAD 3921 NOVA ROAD
ORANGE FL 32127 PORT ORANGE FL 32127-4910



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 59-1976051
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SLIGER, STEPHEN B
1426 WESTON WOODS BLVD-SS
ORLANDO FL 32127

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6677 SYLVAN WOODS DRIVE
3921 NOVA RD, PORT ORANGE, FL 32127
City SANFORD FL 32771

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] STEPHEN B. SLIGER, PRES. 4/14/00
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, 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

Table with 2 columns: OFFICERS AND DIRECTORS. Includes fields for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Entry 1: PSTD SLIGER, STEPHEN B, 3921 NOVA RD, PORT ORANGE FL 32127.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes fields for TITLE, 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] STEPHEN B. SLIGER 4/14/00 904-761-5385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)