

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90070 046 \*\*\*150.00

**DOCUMENT # 633756**

1. Entity Name  
**SLIDES ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**13656 ADMIRAL COURT FORT MYERS FL 33912 US** *21505 Sheridan Run, Estero, FL 33928* **13656 ADMIRAL COURT FORT MYERS FL 33912 US** *same*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
*21505 Sheridan Run*

3. Mailing Address Suite, Apt. #, etc.  
*21505 Sheridan Run*

City & State  
*Estero, Florida*  
Zip  
*33928*  
Country  
*US*

City & State  
*Estero Florida*  
Zip  
*33928*  
Country  
*US*

4. FEI Number **59-2002546** Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DINER, RICHARD**  
**13656 ADMIRAL COURT FORT MYERS FL 33912**  
*21505 Sheridan Run Estero, FL 33928*

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 *Rhonda Diner, Rhonda Diner* DATE *2/14/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DINER, RICHARD 13656 ADMIRAL COURT FORT MYERS FL 33912 <input type="checkbox"/> Delete <i>new address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DINER, RHONDA 13656 ADMIRAL COURT FORT MYERS FL 33912 <input type="checkbox"/> Delete <i>new address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres. Diner, Richard</i> <i>21505 Sheridan Run</i> <i>Estero, FL 33928</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. Pres. Diner Rhonda</i> <i>21505 Sheridan Run</i> <i>Estero, FL 33928</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rhonda Diner* DATE *2/14/01* DAYTIME PHONE # *941-498-9949*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)