

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 659285

1. Entity Name

SLIP'S, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90246 030 \*\*\*150.00

Principal Place of Business

1500 BARRANCAS AVENUE  
PENSACOLA FL 32501

Mailing Address

EDWARD T. VALLIMONT  
1591 VIA DELUNA DRIVE  
PENSACOLA BEACH FL 32561

2. Principal Place of Business

3. Mailing Address

P.O. Box 819

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GULF BREEZE, FL

Zip

Country

Zip

32562

Country

ESCAMBIA

4. FEI Number

59-2028681

Applied For

Not Applicable

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

VALLIMONT, EDWARD T.  
1591 VIA DELUNA DRIVE  
PENSACOLA BEACH FL 32561

Name

Mary ELIZABETH MACON

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

4920 HICKORY Shores BLVD

GULF BREEZE

City

FL

Zip Code

32562

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 *Mary Elizabeth Macon*

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
MACON, ROBERT R  
1028 FT PICKENS RD  
PENSACOLA FL 32561

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Mary Elizabeth Macon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00

Date

850-932-2815

Daytime Phone #

CR2E034 (9/99)