

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002354

1. Entity Name

H & M SLAGHT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05



Principal Place of Business 6308 WEST GREENACRES STREET
HOMOSASSA FL 34446

Mailing Address 6308 WEST GREENACRES STREET
HOMOSASSA FL 34446-1855

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 59-3545695 **APPLIED FOR**

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

Applied For Not Applicable

6. Name and Address of Current Registered Agent

MORING, JACK A ESQ.

7655 W. GULF TO LAKE HIGHWAY, SUITE 12

CRYSTAL RIVER FL 34429

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$25,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$25,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	7495 W. PEDERSEN LOOP	CITY - ST - ZIP	
CITY - ST - ZIP	HOMOSASSA FL 34446		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	SLAGHT, HARRY L	CITY - ST - ZIP	
CITY - ST - ZIP	6308 WEST GREENACRES STREET		
	HOMOSASSA FL 34446		
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

4-19-00 **352-628-9764**

Date Daytime Phone #

CR2E003 (9/99)