

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # A98000002354**

1. Entity Name

H & M SLAGHT, LTD.

Principal Place of Business

Mailing Address

6308 WEST GREENACRES STREET

6308 WEST GREENACRES STREET

HOMOSASSA

FL

HOMOSASSA

FL

34446

34446

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

59-3545695

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**

MORING JACK AESQ.

7655 W. GULF TO LAKE HIGHWAY, SUITE 12

CRYSTAL RIVER

FL

34429

US

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

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

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

DATE

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 #		STREET ADDRESS	
NAME	SLAGHT HARRY L	CITY-ST-ZIP	
STREET ADDRESS	6308 WEST GREENACRES STREET		
CITY-ST-ZIP	HOMOSASSA FL 34446		
DOCUMENT #		STREET ADDRESS	
NAME	SLAGHT MARTIN L	CITY-ST-ZIP	
STREET ADDRESS	7495 W. PEDERSEN LOOP		
CITY-ST-ZIP	HOMOSASSA FL 34446		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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: Martin L. Slaght
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**04/30/2001**

Date

Daytime Phone #

CR2E003 (11/00)