

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90545 023 ***150.00

DOCUMENT # F01000004427

1. Entity Name
SLOAN INTERIORS OF FLORIDA, INC.



Principal Place of Business
**38 FAIRFIELD PLACE
WEST CALDWELL NJ 07006-3**

Mailing Address
**CN 285
WEST CALDWELL FL 07007-2845**



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 **22-1915632**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHANLEY, PETER M
2255 HARMONY LANE, UNIT 101
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name **PETER M. SHANLEY**
Street Address (P.O. Box Number is Not Acceptable) **712 PITCH APPLE LANE**
City **NAPLES** FL Zip **34108**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHANLEY, PETER M	
STREET ADDRESS	2255 HARMONY LANE, UNIT 101	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATTI, JOSEPH	
STREET ADDRESS	166 ALEXANDER PALM ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATTI, PAUL	
STREET ADDRESS	431 THATCH PALM RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PETER M. SHANLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	712 PITCH APPLE LANE	
STREET ADDRESS	NAPLES, FL 34109	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	SCOTT L. CASABONA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	803 CONNOR CT.	
STREET ADDRESS	LEDGEWOOD, NJ 07852	
CITY-ST-ZIP	LEDGEWOOD, NJ 07852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment both an address with all other like empowered.

SIGNATURE:

SHANLEY, PETER M. REGISTERED CONTROLLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)