

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90187 029 \*\*\*150.00

**DOCUMENT # F02000003436**

**1. Entity Name**  
**SLOMIN'S, INC.**



**Principal Place of Business**  
**125 LAUMAN LANE**  
**HICKSVILLE NY 11901**

**Mailing Address**  
**125 LAUMAN LANE**  
**HICKSVILLE NY 11901**

**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 11-1339259**

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**

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

**MUNROE, W. BRADLEY**  
**239 E. VIRGINIA STREET**  
**TALLAHASSEE FL 32301**

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. 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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DP** ☐ Delete  
**NAME** **SALZMAN, JASON**  
**STREET ADDRESS** **125 LAUMAN LANE**  
**CITY-ST-ZIP** **HICKSVILLE NY 11901**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **ST** ☐ Delete  
**NAME** **MCKENNEY, DAVID R**  
**STREET ADDRESS** **125 LAUMAN LANE**  
**CITY-ST-ZIP** **HICKSVILLE NY 11901**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **HANDELMAN, LINDA**  
**STREET ADDRESS** **125 LAUMAN LANE**  
**CITY-ST-ZIP** **HICKSVILLE NY 11901**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☒ Delete  
**NAME** **SALZMAN, JASON**  
**STREET ADDRESS** **125 LAUMAN LANE**  
**CITY-ST-ZIP** **HICKSVILLE NY 11901**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **SALZMAN, IRA**  
**STREET ADDRESS** **125 LAUMAN LANE**  
**CITY-ST-ZIP** **HICKSVILLE NY 11901**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **SALZMAN, JENNIFER**  
**STREET ADDRESS** **125 LAUMAN LANE**  
**CITY-ST-ZIP** **HICKSVILLE NY 11901**

**TITLE** ☐ Change ☐ 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 with an address, with all other like empowered.**

**SIGNATURE:**

**DAVID R MCKENNEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-26-03**

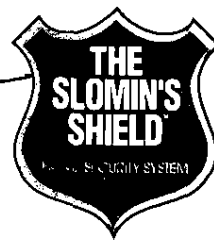
Date

Daytime Phone #

CR2E034 (4/03)



ATTACHMENT  
# F02000003436  
80142719



125 LAUMAN LANE, HICKSVILLE, NEW YORK 11801 • 516/932-7000 • FAX 516/932-2159

August 27, 2003

Florida Dept. of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir:

This is the first notice we have received regarding the 2003 Florida Uniform Business Report. As a result we request the late filing fee be waived. Enclosed is our check for the original \$150 filing fee.

Sincerely,

David McKenney  
Secretary/Treasurer