

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F67823

1. Entity Name

SLOANE CONSTRUCTION COMPANY OF PALM BEACH COUNTY, INC.

Principal Place of Business

180 ROYAL PALM WY

204

PALM BEACH FL 33480

US

Mailing Address

PO BOX 2251

PALM BEACH FL 33480

US

2. Principal Place of Business

625 North Flagler Dr.

3. Mailing Address

Suite, Apt. #, etc.

500

City & State

West Palm Beach, FL

City & State

Zip

33401

Country

USA

Zip

Country

4. FEI Number

59-2218524

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

SLOANE, SCOTT

180 ROYAL PALM WAY

SUITE 204

PALM BEACH FL 33480

Name

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

625 North Flagler Dr.

#500

City

West Palm Beach

FL

Zip Code

33401

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)

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, 2001 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 P  
NAME SLOANE, SCOTT  
STREET ADDRESS 216 BERMUDA LANE  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

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

TITLE VP  
NAME SLOANE, NANCY  
STREET ADDRESS 216 BERMUDA LANE  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Sloane

4-16-01

561-655-9277

Date

Daytime Phone #

CR2E034 (10/00)

FILED  
Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90172 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE