

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/21/2003-90125-045-\$500.00/\$500.00

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DOCUMENT # H60036 1. Entity Name SLATE ENTERPRISES, INC.				 03 AUG -7 PM 3:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000022076030 08/05/03--01066--019 **50.00 	
Principal Place of Business 8913 BOWLES RD. TAMPA FL 33637 US		Mailing Address 8913 BOWLES RD. TAMPA FL 33637 US		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country HIISDOP 0914		Country		4. FEI Number 59-2524650	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SLATE, VEDA 8913 BOWLES ROAD (POST OFFICE BOX AL) TAMPA FL 33637				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Toda W. Slate</i></u> <u><i>VEDA SLATE</i></u> <u><i>7-17-03</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SLATE, ROBERT G. SR 8913 BOWLES ROAD TAMPA FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SLATE, VEDA 8913 BOWLES ROAD TAMPA FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLATE, ROBERT G. JR 3707 KALEWOOD PL VALRICO FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>TSIGNATURE REQUIRED</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>7-17-03</i></u> <u><i>813-989-9717</i></u> <small>Date Daytime Phone #</small>		

CR2E034 (10/02)