

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03134

1. Entity Name

SLAGGY ENTERPRISES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90193 042 ***150.00

Principal Place of Business

Mailing Address

% JAMES E. SLAGGY III
6115 32ND AVE E
BRADENTON FL 34208

% JAMES E. SLAGGY III
6115 32ND AVE E
BRADENTON FL 34208-6635

2. Principal Place of Business

3. Mailing Address

7120 MELROSE PLACE

7120 MELROSE PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

BRADENTON FL

4. FEI Number

65-0132783

Applied For

Not Applicable

Zip

34203

Country

MANATEE

Zip

34203

Country

MANATEE

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

SLAGGY, JAMES E. III
6115 32ND AVE E
BRADENTON FL 34208

Name SLAGGY JAMES E. III

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

7120 MELROSE PLACE

City

BRADENTON FL

FL

Zip Code

34203

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, 2000 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 D
NAME SLAGGY, JAMES E. III
STREET ADDRESS 6115 32ND AVE E
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE D
NAME SLAGGY JAMES E. III
STREET ADDRESS 7120 MELROSE PLACE
CITY-ST-ZIP BRADENTON FL 34203 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 9417270631
Date Daytime Phone #

CR2E034 (9/99)