FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 23, 2002 8:00 am DOCUMENT # L66764 Secretary of State 1. Entity Name 01-23-2002 90009 023 \*\*\*150 00 SLAGER BUDGET SIGNS, INC. Principal Place of Business Mailing Address 5320-A 14TH STREET W. 5320-A 14TH STREET W. **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0188719 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JR. WILLIAM AGER. SLAGER, JR., WILLIAM Street Address (P.O. Box Number is Not Acceptable) 4662 ORLANDO CIR. **BRADENTON FL 34207** 51ST AVE . F. BRADENTON 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition WM. SLAGER (JR) 309 SIST AVE E SLAGER, JR., WILLIAM NAME NAME 4662 ORLANDO CIR STREET ADDRESS STREET ADDRESS BRADENTON FL 34203 CITY-ST-ZIP BRADENTON FL 34207 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SLAGER, GERALDINE 309 5157 AVE. E NAME SLAGER, GERALDINE NAME 4662 ORLANDO CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-ZIP BRADENTON FL 34703 ☐ Delete TITLE X Change ☐ Addition CHRISTIAN SLAGER 309 51ST AVE E SLAGER, CHRISTIAN L NAME NAME 4662 ORLANDO CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-ZIP RADENTON TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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