

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90070 002 ***150.00

DOCUMENT # P00000009264

1. Entity Name
L. SLATER, INC.



Principal Place of Business
**7420 N. DEVON DRIVE
APARTMENT #203
TAMARAC FL 33321**

Mailing Address
**7420 N. DEVON DRIVE
APARTMENT #203
TAMARAC FL 33321**

2. Principal Place of Business

7420 N. DEVON DR.

3. Mailing Address

7420 N. DEVON DR.

Suite, Apt. #, etc.

APT 203

Suite, Apt. #, etc.

APT-203

City & State

TAMARAC FL

City & State

TAMARAC FL

Zip **33321**

Country

USA

Zip **33321**

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0977411**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SLATER, LEWIS
7420 N. DEVON DRIVE
APARTMENT #203
TAMARAC FL 33321**

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: *Lewis Slater*
Signature, typed or printed name of registered agent and title if applicable.

LEWIS SLATER

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/03

**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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SLATER, LEWIS**
STREET ADDRESS **7420 N. DEVON DRIVE APT #203**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lewis Slater
LEWIS SLATER

Date

Daytime Phone #

4/18/03 954-821-4696

CR2E034 (10/02)