FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000068165 1. Entity Name SLIGHTLY OFF CENTRE, INC.				Feb 19, 2002 8:00 am Secretary of State 02-19-2002 90102 042 ***150.00	
Principal Place of Business Mailing Address					
218 ASH STREET 218 ASH STREET FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034					
2. Principal Place of Business		3. Mailing Address) 1881/100; III 88111 88111 80111 90111 80111 80111 90110 91101 10101 11010 91101 8111 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-1024332 Applied For Not Applicable	
Zip	Country	Zip Cou	untry	5. Certificate of Status Desired	
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent	
			Name 5	ISAN GOLLMAN	
MOTOLAW, INC.				O. Box Number is Not Acceptable)	
50 NORTH LAURA STREET SUITE 2750			2699 ALLEN AVE		
JACKSONVILLE FL 32202			City FERNANDINA Beh FL 32034		
8. The above	named entity submits this statement for the	he purpose of changing its registe			
SIGNATURE .	Ausdruck by Signature, typed or printed name of registered agent and	Joldwan I title if applicable. (NOTE: Registe	ered Agent signature required wh	hen 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!!! F After May 1, 2002 I Make Check Payable to		e will be \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND D		2.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, SUSAN W 218 ASH STREET FERNANDINA BEACH FL 32034	N/	tle Ame Ireet address Ity-St-Zip	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, LOUIS E JR. 218 ASH STREET FERNANDINA BEACH FL 32034	N/	TLE AME IREET ADDRESS ITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA Signal	TILE AME TREET ADDRESS ITY-ST-ZIP	Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA STATES	ITLE AME IREET ADDRESS ITY-ST-ZIP	☐ Change ☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N/	TLE AME TREET ADDRESS ITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N/ S1	ITLE AME IREET ADDRESS ITY-ST-ZIP	☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is to	rue and accurate and that my sign rered to execute this report as red	nature shall have the sa	tion 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or Block 12 if	

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: