

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90011 032 ***150.00

DOCUMENT # P00000109848

1. Entity Name
SLOAN REALTY, INC.

Principal Place of Business

**906 JENNIFER LN
 FT MYERS FL 33919**

Mailing Address

**906 JENNIFER LN
 FT MYERS FL 33919**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8075 Queen Palm Lane

8075 Queen Palm Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit # 525

Unit # 525

City & State

City & State

Fort Myers, FL

Fort Myers, FL

Zip

Country

33912 U.S.

Zip

Country

33912 U.S.

4. FEI Number

65-1061632

Applied For

Not Applicable

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

**SLOAN, GENICE
 906 JENNIFER LN
 FT MYERS FL 33919**

Name

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

8075 Queen Palm Lane

Unit # 525

City

Fort Myers, FL

FL

Zip Code

33912

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 **Genice Sloan**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-23-02

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, 2002 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 **DPVT** ☐ Delete
 NAME **SLOAN, GENICE**
 STREET ADDRESS **906 JENNIFER LN**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **DPUTS** ☒ Change ☒ Addition
 NAME **8075 Queen Palm Lane Unit # 525**
 STREET ADDRESS **Fort Myers, FL 33912**
 CITY-ST-ZIP **33912**

TITLE **S** ☒ Delete
 NAME **WIMPEE, TIFFANY JANE**
 STREET ADDRESS **906 JENNIFER LN**
 CITY-ST-ZIP **FT MYERS FL 33919**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-02
 Date Daytime Phone #

CR2E034 (9/01)