

FILED  
Feb 24, 2003 8:00 am  
Secretary of State

02-24-2003 90960 018 \*\*\*158.75

70019374



☒ CHECK HERE IF MAKING CHANGES

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000116250

1. Entity Name  
SLAVEN, INC.



Principal Place of Business  
38101 WILLINGHAM DR., #15  
DADE CITY FL 33525

Mailing Address  
38101 WILLINGHAM DR., #15  
DADE CITY FL 33525

2. Principal Place of Business  
15927 N. Florida Ave

3. Mailing Address  
15927 N. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Lutz, FL

City & State  
Lutz, FL

4. FEI Number 59-3689156

Applied For  
Not Applicable

Zip  
33549

Country

Zip  
33549

Country

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

6. Name and Address of Current Registered Agent

MURPHY, DAVID J EQ.  
14217 THIRD ST.  
DADE CITY FL 33523

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

CK# 3751

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	SLAVEN, DWAIN L	38101 WILLINGHAM DR #15	DADE CITY FL 33525	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Dwain L. Slaven DWAIN L. SLAVEN 1-20-03 813-964-8354  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment #



70019374

P00000116250

FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

February 5, 2003

SLAVEN, INC.  
15927 N. FLORIDA AVE.  
LUTZ, FL 33549

Subject: SLAVEN, INC.

Reference Number: P00000116250

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg

ANNUAL REPORTS SECTION