

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90094 047 ***150.00

DOCUMENT # P01000000311

1. Entity Name
SLAINTE, INC.



Principal Place of Business

**5208 EAST FOWLER AVENUE
UNIT 4
TAMPA, FL 33617**

Mailing Address

**5208 EAST FOWLER AVENUE
UNIT 4
TAMPA, FL 33617**

04060354



07012004

00000000

000000000000

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3689251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 00000000
0000 000000

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1040 SOUTHWEST 22ND STREET
4TH FLOOR
MIAMI, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 00000000
0000000000

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLER, MOLLY A
STREET ADDRESS 5208 E FOULER AVE UNIT 4
CITY-ST-ZIP TAMPA, FL 33617

TITLE V
NAME DELATTRE, AMY
STREET ADDRESS 9220 SUNFLOWER DR
CITY-ST-ZIP TAMPA, FL 33647

TITLE T
NAME SLAUGHTER, CHRISTINE
STREET ADDRESS 6342 ASHFIELD PLACE
CITY-ST-ZIP ZEPHYRHILLS, FL 33544

TITLE S
NAME CAMPBELL, ELIZABETH
STREET ADDRESS 21416 KEATING WAY
CITY-ST-ZIP LUTZ, FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

7/1/04 813-985-8878

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # **P01000000311**



1. Entity Name
BLAINE, INC.

Principal Place of Business
**5208 EAST FOWLER AVENUE
UNIT 4
TAMPA FL 33617**

Mailing Address
**5208 EAST FOWLER AVENUE
UNIT 4
TAMPA FL 33617**

52060354



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3689251**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET
4TH FLOOR
MIAMI FL 33134**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME **PSD MILLER, MOLLY A** ☐ Delete
STREET ADDRESS **5208 EAST FOWLER AVENUE, UNIT 4**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE
NAME **~~Amy Delattre~~** ☐ Delete
STREET ADDRESS **~~9220 Sunflower Dr.~~**
CITY-ST-ZIP **~~Tampa, FL 33647~~**

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PD Miller, molly A.** ☒ Change ☐ Addition
STREET ADDRESS **5208 E. Fowler Ave Unit 4**
CITY-ST-ZIP **Tampa, FL 33617**

TITLE
NAME **V Delattre, Amy** ☐ Change ☒ Addition
STREET ADDRESS **9220 Sunflower Dr.**
CITY-ST-ZIP **Tampa, FL 33647**

TITLE
NAME **T Slaughter, Christine** ☐ Change ☒ Addition
STREET ADDRESS **6342 Ashfield Place**
CITY-ST-ZIP **Wesley Chapel, FL 33544**

TITLE
NAME **S Campbell, Elizabeth** ☐ Change ☒ Addition
STREET ADDRESS **21416 Leading way**
CITY-ST-ZIP **Lutz, FL 33549**

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

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

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SIGNATURE

[Signature] 7/14/12

813-985-8879