

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90117 002 ***150.00

DOCUMENT # P01000011409

1. Entity Name
SLINGSHOT, INC.



Principal Place of Business
**8762 THOMAS DR
PANAMA CITY BEACH FL 32408**

Mailing Address
**8762 THOMAS DR
PANAMA CITY BEACH FL 32408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **61-1347759**

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

**SHARPE, CHARLES T
8762 THOMAS DR
PANAMA CITY BEACH FL 32408**

Name **PITMAN, JANELLE**
Street Address (P.O. Box Number is Not Acceptable) **8762 THOMAS DR**
City **PANAMA CITY** FL Zip **32408**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **03/17/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SHARPE, CHARLES T**
STREET ADDRESS **8762 THOMAS DR**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **PITMAN, JANELLE**
STREET ADDRESS **8762 THOMAS DR**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

DATE **03/17/03**

Daytime Phone #

CR2E034 (10/02)