

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -7 PM 4:42

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
4907 CAROL RD

3. Mailing Address
4907 CAROL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 4

UNIT 4

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32810

Country
USA

Zip
32810

Country
U.S.A



☐ 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

PITMAN, JANELLE
8762 THOMAS DR
PANAMA CITY BEACH, FL 32408

7. Name and Address of New Registered Agent

Name
MIRFIN, BRIAN
Street Address (P.O. Box Number is Not Acceptable)
4907 CAROL RD
UNIT 4
City
ORLANDO FL Zip Code
32810

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]

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

(NOTE: Registered Agent signature required when reinstating)

10/31/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Amended UBR is \$61.25
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	S	<input checked="" type="checkbox"/> Delete
NAME	PITMAN, JANELLE	
STREET ADDRESS	8762 THOMAS DR.	
CITY-ST-ZIP	PANAMA CITY, FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PLUGST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRFIN, BRIAN	
STREET ADDRESS	4907 CAROL RD # 4	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

10/31/03

Date

Daytime Phone #

CR2E034 (10/02)