

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P010000 25743**

1. Entity Name

SLT CONSTRUCTION INC.

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90400 003 ***150.00

00125147

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4310 Middle Lake Dr.

3. Mailing Address

P.O. Box 270984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL

City & State
Tampa FL

4. FEI Number
65-0514872

Applied For
Not Applicable

Zip
33624

Country
USA

Zip
33688

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Scott L. Taylor

Street Address (P.O. Box Number is Not Acceptable)
4310 Middle Lake Dr

City **Tampa** **FL** Zip Code **33624**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
PRESIDENT
NAME
SCOTT L. TAYLOR
STREET ADDRESS
4310 MIDDLE LAKE DR.
CITY - ST - ZIP
TAMPA FL 33624

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #