


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90994 042 \*\*\*150.00

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|---|---|
| <b>DOCUMENT #</b> P01000031215                |  |
| <b>1. Entity Name</b><br>SLG CONSULTING, INC. |   |

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| <b>Principal Place of Business</b><br>7006 NW 94TH TERRACE<br>TAMARAC FL 33321 | <b>Mailing Address</b><br>7006 NW 94TH TERRACE<br>TAMARAC FL 33321 |
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| <b>2. Principal Place of Business</b><br>12411 NW 78TH MANOR | <b>3. Mailing Address</b><br>12411 NW 78TH MANOR |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                              |

|  |  |
|--|--|
| <b>City &amp; State</b><br>PARKLAND FL | <b>City &amp; State</b><br>PARKLAND FL |
| <b>Zip</b><br>33076                    | <b>Zip</b><br>33076                    |
| <b>Country</b><br>USA                  | <b>Country</b><br>USA                  |

|   |   |
|---|---|
| <b>4. FEI Number</b><br>NOT APPLICABLE                              | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b><br><input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>   |

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>MILLER, JOHN P<br>2499 GLADES RD, STE 305-A<br>BOCA RATON FL 33431 | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2003 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS                            |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|---|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP</b><br>GROSSMAN, STEVEN M<br>7006 NW 94TH TERRACE<br>TAMARAC FL 33321 <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP</b><br>GROSSMAN, STEVEN M<br>12411 NW 78TH MANOR<br>PARKLAND FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br>GROSSMAN, LISA R MRS.<br>7006 NW 94TH TERRACE<br>TAMARAC FL 33321 <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br>GROSSMAN, LISA<br>12411 NW 78TH MANOR<br>PARKLAND FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>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:** \_\_\_\_\_ **4/25/03** **561-672-4922**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CP2E034 (10/02)