

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90077 023 ***150.00

DOCUMENT # P01000032259

1. Entity Name
SLOANE, INC



Principal Place of Business
**2115 NE 27TH TERR
CAPE CORAL FL 33909**

Mailing Address
**2115 NE 27TH TERR
CAPE CORAL FL 33909**



2. Principal Place of Business

3. Mailing Address

18041 OLD BAY SHORE RD

18041 OLD BAY SHORE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
NO. FT MYERS, FL

City & State
NO. FT. MYERS, FL

4. FEI Number **65-1087178**

Applied For
☐ Not Applicable

Zip
33917

Country
USA

Zip
33917

Country
USA

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

COOK, ALFRED E

2115 NE 27TH TERR

CAPE CORAL FL 33909

**18041 OLD BAY SHORE RD
NO. FT MYERS, FL 33917**

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 *Alfred E Cook* **Pres.**

(NOTE: Registered Agent signature required when reinstating)

DATE

03-13-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
COOK, ALFRED E
2115 NE 27TH TERR
CAPE CORAL FL 33909** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
18041 OLD BAY SHORE RD
NO. FT MYERS, FL 33917** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COOK, ODILIA
2115 NE 27TH TERR
CAPE CORAL FL 33909** ☒ Delete

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

TITLE
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Alfred E Cook* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-03 - (229) 207-8031
Date Daytime Phone #

CR2E034 (10/02)