

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90146 041 ***150.00

DOCUMENT # P01000034919

1. Entity Name

SLATE AUCTIONEERS, INC.

Principal Place of Business

**6335 PALMA DEL MAR, APT. 221-G
 ST. PETERSBURG FL 33715**

Mailing Address

**6335 PALMA DEL MAR, APT. 221-G
 ST. PETERSBURG FL 33715**

2. Principal Place of Business

20916 Island Sound Cir

3. Mailing Address

20916 Island Sound Circle

Suite, Apt. #, etc.

#303

Suite, Apt. #, etc.

#303

City & State

Estero Florida

City & State

Estero Florida

4. FEI Number

59-3714885

Applied For

☐ Not Applicable

Zip

33928

Country

USA

Zip

33928

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLATE, JOHN R

**6335 PALMA DEL MAR, APT. 221-G
 ST. PETERSBURG FL 33715**

7. Name and Address of New Registered Agent

Name **John R. Slate**

Street Address (P.O. Box Number is Not Acceptable)

20916 Island Sound Circle #303

City **Estero**

FL

Zip Code **33928**

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **D** ☐ Delete
 NAME **SLATE, JOHN R**
 STREET ADDRESS **6335 PALMA DEL MAR, APT. 221-G**
 CITY-ST-ZIP **ST. PETERSBURG FL 33715**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **John R. Slate**
 STREET ADDRESS **20916 Island Sound Circle #303**
 CITY-ST-ZIP **Estero, FL 33928**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

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 Block 12 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

2-7-02

Date

Daytime Phone #

CR2E034 (9/01)