2003

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 JUN 12 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100865

1. Entity Name

Slade Development Corporation

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-03
DO NOT write in this space

2. Principal Place of Business	3. Mailing Address
11983 N. Tamiami Trail	11983 N. Tamiami Trail
Suite, Apt. #, etc.: #126	Suite, Apt. #, etc.: #126
City & State: Naples FL	City & State: Naples, FL
Zip: 34110 Country: USA	Zip: 34110 Country: USA

4. FEI Number: 65-1148602 ☐ Applied For ☐ Not Applicable

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: Michael T. Lapine

Street Address (P.O. Box Number is Not Acceptable): 11983 N. Tamiami Trail #126

City: Naples FL Zip Code: 34110

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 _____ 4/28/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
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	President, Vice Pres, Director
NAME	Timothy J. Cotter, PA
STREET ADDRESS	599 9th St. N. # 313
CITY-ST-ZIP	Naples, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300020795952
06/12/03--01011--007 **558.75

300020795953
06/12/03--01011--008 **2000

DO NOT WRITE IN THIS SPACE

300020795953
06/12/03--01011--009 **150.00

CR2E034B (12/02)

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

SIGNATURE: Tim Cotter 4/28/03 239-435-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #