

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

03 JUN 12 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100865	
1. Entity Name SLADE Development Corporation	

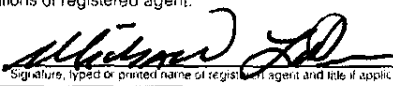
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2. Principal Place of Business 11983 N. Tamiami Trail Suite, Apt. #, etc. #126 City & State NAPLES FL Zip 34110 Country USA	3. Mailing Address 11983 N. Tamiami Trail Suite, Apt. #, etc. #126 City & State NAPLES FL Zip 34110 Country USA
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REINSTATEMENT 02-03

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-1148602	Applied For ☐ Not Applicable
	5. Certificate of Status Desired A \$8.75 Additional Fee Required	
	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  DATE **4/28/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

January 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**

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 239-435-0111

Date

Daytime Phone #

CR2E034B (12/02)

20020