

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90735 046 ***150.00

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DOCUMENT # P02000012519

1. Entity Name
SLG INTERNATIONAL INC.



Principal Place of Business
**1120 PINELLAS BAYWAY, STE. #112
TIERRA VERDE FL 33715**

Mailing Address
**1120 PINELLAS BAYWAY, STE. #112
TIERRA VERDE FL 33715**



2. Principal Place of Business

267 MONTE CRISTO BLVD
Suite, Apt. #, etc.

3. Mailing Address

267 MONTE CRISTO BLVD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TIERRA VERDE FL

Zip
33715

Country
USA

City & State
TIERRA VERDE FL

Zip
33715

Country
USA

4. FEI Number
01-0630142

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GREEN, SAM
1120 PINELLAS BAYWAY, STE. #112
TIERRA VERDE FL 33715**

7. Name and Address of New Registered Agent

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 **SAM GREEN, PRES**

(NOTE: Registered Agent signature required when reinstating)

4.30.03

DATE

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

TITLE **D** ☐ Delete
NAME **GREEN, SAM**
STREET ADDRESS **1120 PINELLAS BAYWAY, STE. #112**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **GREEN, SAM**
STREET ADDRESS **267 MONTE CRISTO BLVD**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **GREEN, CAROL**
STREET ADDRESS **267 MONTE CRISTO BLVD**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

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

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

Date

Daytime Phone #

727-864-2080

CR2E034 (10/02)