2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000053617

1. Entity Name

SLIGAR HIT INC



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90293 017 ***150.00

SUGANI	101, INC.					
Principal Place of Business 1700 W NEW HAVEN AVE MELBOURNE FL 32935		Mailing Address 1700 W NEW HAVEN AVE MELBOURNE FL 32935				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
-	,	<u> </u>	Name			
CHAPMAN, RICHARD A JR 1700 W NEW HAVEN AVE #187			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
MELBOURNE FL 32904						
			City	FL Zip Code		
	tions of registered agent.		s registered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accept		
- SIGNATORIE	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature requi	uired when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND	DIRÉCTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, RICHARD A JR 2315 ROYAL POINCIANA BLVD MELBOURNE FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, DIANA L 2315 ROYAL POINCIANA BLVD MELBOURNE FL 32935	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	Cynthia Case 2315 Royal Poinciena P Melbourne, FL 32935	· Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change [Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition ·		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

321-722-0646