

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P08689

1. Entity Name

CONSOLIDATED BUSINESS FORMS, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90044 050 \*\*\*150.00

Principal Place of Business

Mailing Address

18050 E. 15 MILE RD.  
P.O. BOX 26009  
FRASER MI 48026  
US

18050 E. 15 MILE RD.  
P.O. BOX 26009  
FRASER MI 48026-6009  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-1816277

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLAZINSKI, JULIUS  
100 E. LINTON BLVD  
4TH FL TOWER, 301B  
DELRAY BEACH FL 33483

Name

SLAZINSKI, JAY

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

1445 NORTH CONGRESS AVENUE

SUITE 2

City

DELRAY BEACH

FL

Zip Code

33444

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☒ Delete  
NAME SLAZINSKI, JULIUS J.  
STREET ADDRESS 100 E LINTON BLVD 301-B  
CITY-ST-ZIP DELRAY BEACH FL

TITLE CD ☒ Change ☐ Addition  
NAME SLAZINSKI, JAY  
STREET ADDRESS 1445 NORTH CONGRESS AVENUE, STE 2  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE VPF ☐ Delete  
NAME ANTON, JACK  
STREET ADDRESS 18050 E. 15 MILE  
CITY-ST-ZIP FRASER MI

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

TITLE SD ☐ Delete  
NAME SLAZINSKI, HELENE B.  
STREET ADDRESS 18050 E. 15 MILE RD.  
CITY-ST-ZIP FRASER MI

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

TITLE D ☐ Delete  
NAME BECKER, GREGORY  
STREET ADDRESS 18050 E. 15 MILE  
CITY-ST-ZIP FRASER MI

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

TITLE D ☐ Delete  
NAME SLAZINSKI, JAY  
STREET ADDRESS 100 ELINGTON BLVD 301B  
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ Change ☒ Addition  
NAME SLAZINSKI, TOM  
STREET ADDRESS 1445 NORTH CONGRESS AVENUE, STE 2  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE PD ☐ Delete  
NAME DART, ROBERT  
STREET ADDRESS 18050 E. 15 MILE RD.  
CITY-ST-ZIP FRASER MI

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)