


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

1/30/20

01-30-2003 90164 036 \*\*\*\*72.50  
02-21-2003 90833 035 \*\*\*\*77.50

00000004

<b>DOCUMENT #</b> P93000036627	
<b>1. Entity Name</b> EDWARD J. SLATTERY REAL ESTATE, INC.	

<b>Principal Place of Business</b> 325 N. ORLANDO AVE COCOA BEACH FL 32931	<b>Mailing Address</b> 325 N. ORLANDO AVE COCOA BEACH FL 32931
--	--

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip - Country	Zip - Country

<b>4. FEI Number</b> 59-3183676	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  GENSLER, MICHAEL P 325 N. ORLANDO AVE COCOA BEACH FL 32931
--

<b>7. Name and Address of New Registered Agent</b>	
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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
---	--	-------------

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
--	------------------------------------

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> SLATTERY, E J 4890-1 LAKE WATERFORD WAY W. MELBOURNE FL <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.**

<b>SIGNATURE:</b> <i>Edward J. Slattery</i>	<b>DATE:</b> 1-15-03	<b>Daytime Phone #</b>
---	----------------------	------------------------

CR2E034 (10/02)



FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

February 3, 2003

80036663

EDWARD J. SLATTERY REAL ESTATE, INC.  
325 N. ORLANDO AVE  
COCOA BEACH, FL 32931

Subject: EDWARD J. SLATTERY REAL ESTATE, INC.

Reference Number: P93000036627

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$72.50; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75. **(No)**

There is a balance due of \$77.50.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RG  
ANNI

EDWARD J. SLATTERY  
OR MARIJANE T. SLATTERY  
4890-1 LAKE WATERFORD WAY, W.  
MELBOURNE, FL 32901-8451

3633

DATE Feb 19, 2003 63-4/448  
630

Pay to the Order of Florida Dept of State \$ 77.50

Seventy Seven Dollars & 50 cents

BANK OF AMERICA  
BANK OF AMERICA N.A.  
R/T 063000047

ADVANTAGE

FOR P93000036627 Marijane Slattery

063000047 002831202104 3633

Div