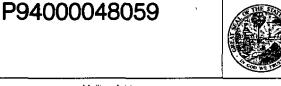
Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90201 034 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT#** 1. Entity Name



SLIMMERS, INC. Principal Place of Business Mailing Address 19659 LOST CREEK DR 19659 LOST CREEK DR

US		US US			
2. Principal Place of Business		3. Mailing Address		T TORRIBON AND TOTAL ROOM BOTH BEATH BEATH BEATH AND TOTAL BOTTO BATH BEATH THAT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0507524	Applied For Not Applicable
Zip	Country	Zip	Country		8.75 Additional ee Required
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered A	gent
LUMSDEN, DENNIS J			Name	Name	
6719 WIN			Street Addre	ss (P.O. Box Number is Not Acceptable)	
SUITE 12					
FT. MYER\$ FL 33919			City	FL	Zip Code
Afte	Signature, typed or printed name of registered ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Department	0.00	OTE: Registered Agent signature req	DATE  9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS	AND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANT, ROBERT R 19659 LOST CREEK DR FT. MYERS FL 33912	☐ 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-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE:** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition