

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092884

1. Entity Name

SLIPPERY WHEN WET FLOOR SERVICE INCORPORATED

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90130 013 \*\*\*158.75

Principal Place of Business

4981 72ND AVE. NORTH  
PINELLAS PARK FL 33781-4443

Mailing Address

4981 72ND AVE. NORTH  
PINELLAS PARK FL 33781-4443

2. Principal Place of Business

6307 Ridge Road  
Suite, Apt. #, etc.

3. Mailing Address

6307 Ridge Road  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Richey, Florida

City & State

Port Richey, Florida

4. FEI Number

59-3275528

Applied For

Not Applicable

Zip

Country

34668

USA

Zip

Country

34668

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIES, EDWARD L III  
4981 72ND AVE NORTH  
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

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

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent's 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, 2001 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

TITLE P  
NAME DAVIES, III, EDWARD L  
STREET ADDRESS 4981 72ND AVE. NORTH  
CITY-ST-ZIP PINELLAS PARK FL 33781-4443 ☐ Delete

TITLE S  
NAME DAVIES, LEONE  
STREET ADDRESS 4981 72ND AVE N  
CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: Edward L Davies III PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/01 (727) 545-2179  
Date Daytime Phone #

CR2E034 (10/00)