2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
02-25-2002 90042 022 ***150.00

DOCUMENT # P95000065188

1. Entity Name
SLIM'S ADVENTURES INC.

Principal Place of Business
6708 GULF BLVD
ST PETE BEACH FL 33706

Mailing Address
P.O. BOX 66361
ST. PETE BEACH FL 33706

B0034080

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5600 SEMINOLE BLVD.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
SEMINOLE FLA.

City & State

4. FEI Number 59-3336450 ☐ Applied For ☐ Not Applicable

Zip 33772
Country PINELLAS

Zip
Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLEN, KIM
~~6708 GULF BLVD.~~
~~ST PETE BEACH FL 33706~~
5600 SEMINOLE BLVD.
SEMINOLE, FLA.
33772

7. Name and Address of New Registered Agent

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.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D GILLEN, KIM 6708 GULF BLVD ST PETE BEACH FL 33706 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. Kim Gillen 5600 SEMINOLE BLVD. SEMINOLE, FLA. 33772 ☑ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: SIGNATURE REQUIRED 2/14/02 727-460-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)