

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077798

1. Entity Name

SLIM'S, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90131 034 ***158.75

Principal Place of Business

2763 CENTRAL AVE.
ST. PETERSBURG FL 33713-8731

Mailing Address

2763 CENTRAL AVE.
ST. PETERSBURG FL 33713-8731

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc:

Suite, Apt. #, etc:

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0624839**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORSETT, JAMES E
2763 CENTRAL AVE.
ST. PETERSBURG FL 33713-8731

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	DORSETT, JAMES E	
STREET ADDRESS	2914 - 13 AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DORSETT, SARAH E	
STREET ADDRESS	2914 - 13 AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01

Date

727-327-4688

Daytime Phone #

CR2E034 (10/00)