

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90143 013 ***150.00

0066523
 AV

DOCUMENT # P95000097486

1. Entity Name

SLADE FAMILY, INCORPORATED

Principal Place of Business

Mailing Address

**3051 STATE RD. 21
 UNIT 5
 MELROSE FL 32666
 US**

**3051 STATE RD. 21
 UNIT 5
 MELROSE FL 32666
 US**

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

59-3372404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'BRIEN, FLORA S
 3851 SE STATE ROAD 21
 5
 LEESBURG FL 34748**

Name

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

3051 SE State Road 21 Unit 5

City

Melrose,

FL

Zip Code
32666

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 * ☐ Delete
 NAME **DP**
 STREET ADDRESS **WHELCHER, SUSAN S**
 CITY-ST-ZIP **2830 BANYAN BLVD., CIRCLE N.W.
 BOCA RATON FL**

TITLE ☒ Change ☐ Addition
 NAME **1250 Sabal Palm Drive**
 STREET ADDRESS **Boca Raton, FL 33432**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **SAWYER, JOANNE S**
 CITY-ST-ZIP **7916 QUAILWOOD DRIVE
 JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME **3051 SE State Road 21 Unit 5**
 STREET ADDRESS **Melrose, FL 32666**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DST**
 STREET ADDRESS **O'BRIEN, FLORA S**
 CITY-ST-ZIP **925 BEVERLY HARBORS DR
 LEESBURG FL**

TITLE ☒ Change ☐ Addition
 NAME **825 Shipwatch Drive**
 STREET ADDRESS **Jacksonville, FL 32225**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **SLADE, T.H. JR**
 CITY-ST-ZIP **2199 ASTOR STREET, #107
 ORANGE PARK FL**

TITLE ☒ Change ☐ Addition
 NAME **825 Shipwatch Drive**
 STREET ADDRESS **Jacksonville, FL 32225**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **SLADE, T.H. JR**
 CITY-ST-ZIP **2199 ASTOR STREET, #107
 ORANGE PARK FL**

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TITLE ☐ Change ☐ Addition
 NAME **825 Shipwatch Drive**
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 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 like empowered.

SIGNATURE: **Flora S. O'Brien**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.20.02 352-475-5857

CR2E034 (9/01)