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

DOCUMENT #_{P96000092927}



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91296 025 ***150.00

| SLEIGHT, INC. | | | | | | |
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| O Deinainal Di | ace of Business | 3. Mailing Address | and the second s | 1102387 | 6 | (, |
| 8830 S. Tamiami Trail | | 8830 S. Tamiami Trail | | , | | |
| Suite, Apt. # | +, etc. | Suite, Apt. #, etc. Suite 120 | | DO NOT WRITE IN THIS SPACE | | |
| City & State | e 120 | City & State | | 4. FEI Number | | Applied For |
| S <u>ara</u> | sota, FL | Sarasota, | Sarasota, FL | | 0708486 | Not Applicable |
| ^{Zip} 342 3 | 38 Country | ^{Zip} 34238 | Country | 5. Certificate of Status Desir | | . 75 Additional Required |
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| | | Vale C | | rell, Donald J | _ | _ |
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| 9 The above i | named entity submits this statement | t for the purpose of changing its | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | • | |
| SIGNATURE | ons of registered agent. | | | | | |
| Jan | Signature, typed or printed name of registered ag uary 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 'Amended UBR is \$61.25 Payable to Flortda Department | | E. Registered Agent sig∩ature require | 9. Election Campaign Trust Fund Contrib | · - | \$5.00 May Be Added to Fees |
| 10. | OFFICERS AN | ND DIRECTORS | v g | | | |
| TITLE NAME | D Sleight, Renee | | - TITLE NAME | | The state of the s | |
| STREET ADDRESS CITY-ST-ZIP | 543 Oak Bay Drive Osprey, FL 34229 | | STREET ADDRESS CITY ST-ZIP | | | · 是不好解了一点的那么一点 |
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12. 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 10 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

City-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR