

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

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

04-28-2003 91296 025 ***150.00

DOCUMENT # P96000092927
1. Entity Name



SLEIGHT, INC.

DO NOT WRITE IN THIS SPACE

11023876

2. Principal Place of Business 8830 S. Tamiami Trail Suite, Apt. #, etc. Suite 120 City & State Sarasota, FL Zip 34238		Country		3. Mailing Address 8830 S. Tamiami Trail Suite, Apt. #, etc. Suite 120 City & State Sarasota, FL Zip 34238		Country	
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4. FEI Number 65-0708486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Harrell, Donald J		
Street Address (P.O. Box Number is Not Acceptable) 1776 Ringling Blvd		
City Sarasota	FL	34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sleight, Renee 543 Oak Bay Drive Osprey, FL 34229	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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.

SIGNATURE: *Renee Sleight* 4/25/03 941-918-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)