

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90154 041 ***150.00

DOCUMENT # P970000065748 ✓

1. Entity Name
SLP DEVELOPMENT, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
328 OLD HWY 98
Suite, Apt. #, etc.

3. Mailing Address
4641 EVELYN ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DESTEIN FL
Zip
32541
Country
USA

City & State
PACE FL
Zip
32571
Country
USA

4. FEI Number
59-3472577
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROBERT MORRIS BUCHANAN JR

Street Address (P.O. Box Number is Not Acceptable)
4641 EVELYN ST

City
PACE FL Zip Code
32571

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P/D</u> <u>ROBERT MORRIS BUCHANAN JR</u> <u>4641 EVELYN ST</u> <u>PACE FL 32571</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V/D</u> <u>ROBERT M. BUCHANAN JR</u> <u>P/O. Box 1248</u> <u>JACKSON MS 39215-1248</u>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Morris Buchanan Jr ROBERT MORRIS BUCHANAN JR 4/23/02 850/895-4725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)