2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000079412 **DOCUMENT #**

1. Entity Name

A SLICE OF HEAVEN, INC.



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90145 036 ***150.00

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Surfa, Apl. #, etc. Sute, Apl. #, etc. Sute, Apl. #, etc. Sute, Apl. #, etc. City & State City & State Country Applied For State Current Registered Agent Annual Address of Current Registered Agent Name Current Registered Agent City FL Zip Code	13010 FRUITVILLE RD.			13	13010 FRUITVILLE RD.							
City & State Country Country City & Count	2. Principal Place of Business				3. Mailing Address						<u> </u>	
Zin Country Zip Country Zip Country Zip Se. Certificate of Shift Desired Se. 78.75 Anothonical Per Required	Suite, Apt. #, etc.				Suite, Apt. #, etc.			\dashv	CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent CLIPPARD, SHIRLEY 13010 FRUITVILLE RD. SARASOTA FL 34240 Sireat Address (P.O. Bow Number is Not Acceptable) City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the clicipations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the clicipations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the Clicipations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the clicipations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the City after the clicipation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the City after the City aft	City & State				City & State			4.	h h h h h h h h h h h h h h h h h h h			
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE