

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094523

1. Entity Name

SLIMDOWN, INC.

FILED

Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90034 027 \*\*\*158.75

Principal Place of Business	Mailing Address
72 BURNT HEAD ROAD CARBONEAR NF AIY <del>1C2</del> <b>IC2</b> <del>CARBONEAR NF AIY 1C2</del> CA	<del>72 BURNT HEAD ROAD</del> <b>Box 722</b> <del>CARBONEAR NF AIY 1C2</del> <del>CARBONEAR NF AIY 1C2</del> CA

2. Principal Place of Business	3. Mailing Address
<b>72 BURNT HEAD ROAD</b>	<b>P.O. Box 722</b>
Suite, Apt. #, etc. <b>CARBONEAR</b>	Suite, Apt. #, etc. <b>CARBONEAR</b>
City & State <b>NEWFOUNDLAND</b>	City & State <b>NEWFOUNDLAND</b>
Zip <b>AIY 1C2</b>	Country <b>CANADA</b>
Country <b>CANADA</b>	Zip <b>AIY 1C2</b>
Country <b>CANADA</b>	Country <b>CANADA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number	<b>NOT APPLICABLE</b> <b>APPLIED FOR</b>	Applied For
		<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BURG, LEE H  
3111 STIRLING ROAD  
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 2000 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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, MARION</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 722, STN MAIN</b>	STREET ADDRESS	<b>CARBONEAR NF AIY 1C2 CANADA</b>
CITY-ST-ZIP	<b>CARBONEAR <del>NEWFOUNDLAND</del></b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>D</b>
STREET ADDRESS		STREET ADDRESS	<b>P.O. Box 722, Stn Main</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>CARBONEAR NF AIY 1C2 CANADA</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Marion Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10/2000 709 596 3667  
Date Daytime Phone #

CR2E034 (9/99)