

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095169

1. Entity Name
SLIDE & GLIDE, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90032 023 ***150.00

Principal Place of Business Mailing Address
315 S HYDE PARK AVE 315 S HYDE PARK AVE
TAMPA FL 33606 TAMPA FL 33606-2233

B0013228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 59-3476225

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINES, JAMES P
315 S HYDE PARK AVE
TAMPA FL 33606

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 D ☐ Delete
NAME KUENY, JON
STREET ADDRESS 3403 EHRILICH ROAD
CITY-ST-ZIP TAMPA FL 33618

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4919 DORY DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE D ☐ Delete
NAME REAVES, VIRGINIA M
STREET ADDRESS 3403 EHRILICH ROAD
CITY-ST-ZIP TAMPA FL 33618

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4919 DORY DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE D ☐ Delete
NAME KUENY, THOMAS B
STREET ADDRESS 2650 62 STREET
CITY-ST-ZIP VINTON IA 52349

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1508 WASHINGTON DR
CITY-ST-ZIP VINTON, IA 52349

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-00 727-842-454