2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P98000083639

1. Entity Name

SLOAN'S, INC.

FILED
May 12, 2000 8:00 am
Secretary of State
04-21-2000 90003 005 ***150.00

Principal Place of Business 112 CLEMATIS ST
~~830 S. OCEAN BLVD.~~ ~~PO Box 2208~~
~~PALM BEACH FL 33480~~ WEST PALM BEACH, FL 33401

Mailing Address 112 CLEMATIS ST
~~830 S. OCEAN BLVD.~~ ~~PO Box 2208~~
~~PALM BEACH FL 33480-2208~~ WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1865963 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KAMENSTEIN, CAROL K
~~830 S. OCEAN BLVD.~~ ~~PO Box 2208~~
~~PALM BEACH FL 33480~~ 112 CLEMATIS ST, WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 112 CLEMATIS ST ~~PO Box 2208~~

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAMENSTEIN, SLOAN ~~830 S. OCEAN BLVD.~~ 112 CLEMATIS ST ~~PO Box 2208~~ ~~PALM BEACH FL 33480~~ WEST PALM BEACH, FL 33401 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PO Box 2208~~ 112 CLEMATIS ST. ☐ Change ☐ Addition
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CR2E034 (9/99)

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: Carol Kamenstein CAROL KAMENSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #