

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002857

1. Entity Name
SLEDGE, INC.

Principal Place of Business

Mailing Address

2625 COLLINS AVE
APT #209
MIAMI FL 33140

2625 COLLINS AVE
APT #209
MIAMI FL 33140

2. Principal Place of Business

3. Mailing Address

927 Lincoln Rd.

927 Lincoln Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

216

Suite 216

City & State

City & State

Miami Beach, FL

Miami Beach, FL

Zip

Country

Zip

Country

33139

U.S.A.

33139

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAELS, MARVIN D
1010 SW 86 COURT
MIAMI FL 33144

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, 2001 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 PD
NAME GRIFFIN, TOM B
STREET ADDRESS 2625 COLLINS AVE #209
CITY-ST-ZIP MIAMI FL 33140 ☐ Delete

TITLE STD
NAME COOPER, NIC
STREET ADDRESS 2625 COLLINS AVE #209
CITY-ST-ZIP MIAMI FL 33140 ☐ Delete

TITLE VP
NAME FICKLING, ANDREW
STREET ADDRESS 2625 COLLINS AVE #209
CITY-ST-ZIP MIAMI FL 33140 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PD
NAME Griffins Tom B.
STREET ADDRESS 927 Lincoln Rd Suite 216
CITY-ST-ZIP Miami Beach, FL 33139 ☒ Change ☐ Addition

TITLE STD
NAME Cooper, Nic
STREET ADDRESS 927 Lincoln Rd. Suite 216
CITY-ST-ZIP Miami Beach, FL 33139 ☒ Change ☐ Addition

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

TITLE VP
NAME Robin J Fawcett
STREET ADDRESS 927 Lincoln Rd. Suite 216
CITY-ST-ZIP Miami Beach, FL 33139 ☐ Change ☒ Addition

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

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

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: Tom Beaumont-Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date April 17, 2001
Daytime Phone # 305 665-2727

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90079 040 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)