

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000021305**1. Entity Name
SLUMBERLAND HOLDINGS COMPANYPrincipal Place of Business
1477 S. FT. HARRISON AVE.
CLEARWATER FL 33756Mailing Address
1477 S. FT. HARRISON AVE.
CLEARWATER FL 33756

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
59-3561146

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**SILCOX JOSEPH M**
1477 S. FT. HARRISON AVE.
CLEARWATER FL 33756**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 _____ **05/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	☐ Delete
NAME	HOWARD JUDITH A	
STREET ADDRESS	1666 CAMBRIDGE DR.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	☐ Delete
NAME	SILCOX YVONNE S	
STREET ADDRESS	1652 WHITEWOOD DR.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	☐ Delete
NAME	HOWARD TIMOTHY M	
STREET ADDRESS	1666 CAMBRIDGE DR.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	☐ Delete
NAME	SILCOX JOSEPH M	
STREET ADDRESS	1652 WHITEWOOD DR.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: Joseph M. Silcox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORD **05/09/2001**

Date

Daytime Phone #

CR2E034 (11/00)