

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022461

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90086 046 ***150.00

1. Entity Name
SLICK & MYSTIC PAINTING, INC.

Principal Place of Business 591 BAYWOOD DR N DUNEDIN FL 34698	Mailing Address P O BOX 1841 DUNEDIN FL 33779-0324
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2. Principal Place of Business 120 PATLIN CIRCLE E	3. Mailing Address 120 PATLIN CIRCLE E
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State LARGO FL	City & State LARGO FL	4. FEI Number 59-3421141	Applied For <input type="checkbox"/> Not Applicable
Zip 33770	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SLICK, BONITA L 591 BAYWOOD DR N DUNEDIN FL 34698	7. Name and Address of New Registered Agent Name SLICK, BONITA L Street Address (P.O. Box Number is Not Acceptable) 120 PATLIN CIRCLE E City LARGO FL Zip 33770
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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 **BONITA L. SLICK** DATE **3/30/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 SLICK, BONITA L 591 BAYWOOD DR N DUNEDIN FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLICK, BONITA 120 PATLIN CIRCLE E LARGO FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYSTIC, SANDRA 591 BAYWOOD DR N DUNEDIN FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P MYSTIC, SANDRA 120 PATLIN CIRCLE E. LARGO FL 33770
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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: **Bonita L. Slick** DATE **3/30/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)