

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90241 003 ***150.00

0084621 AV

DOCUMENT # P99000026127

1. Entity Name

NO SLACK VENTURES, INC.

Principal Place of Business

**8227 SW ARCHER RD
GAINESVILLE FL 32608**

Mailing Address

**8227 SW ARCHER RD
GAINESVILLE FL 32608**

2. Principal Place of Business

9320 NW 13th PL

Suite, Apt. #, etc.

3. Mailing Address

9320 NW 13th PL

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip
32606

Country

Alachua

City & State

Gainesville FL

Zip

32606

Country

Alachua

4. FEI Number

59-3638117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DECONNA, DONNA L
6300 NW COUNTY RD 318
ORANGE LAKE FL 32681**

7. Name and Address of New Registered Agent

Name **JURIS LUZINS**

Street Address (P.O. Box Number is Not Acceptable)
9320 NW 13th PL

City **Gainesville**

FL

Zip Code
32606

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

Juris Luzins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2 Apr 02

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, 2002 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LUZINS, JURIS	
STREET ADDRESS	9320 NW 13TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MULLER, KEITH	
STREET ADDRESS	9320 NW 13TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

2 Apr 02 352-332-6967

Date

Daytime Phone #

CR2E034 (9/01)