

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90122 042 ***150.00

DOCUMENT # P99000042350
 1. Entity Name
TSLR, INC.

Principal Place of Business Mailing Address
8199 BOONESBORO ROAD 8199 BOONESBORO ROAD
FORT MYERS FL 33917 FORT MYERS FL 33917-4708

601359



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **65-0924437** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DOUGLAS, REBECCA I
8199 BOONESBORO ROAD
FORT MYERS FL 33917

7. Name and Address of New Registered Agent
 Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code
FL

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 REBECCA J. DOUGLAS SECRETREAS 1-8-00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, REBECCA I	
STREET ADDRESS	8199 BOONESBORO ROAD	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, LAWRENCE R	
STREET ADDRESS	8199 BOONESBORO ROAD	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, TIM R	
STREET ADDRESS	8199 BOONESBORO ROAD	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, SHERRIE R	
STREET ADDRESS	8199 BOONESBORO ROAD	
CITY-ST-ZIP	FORT MYERS FL 33917	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OST	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AR	<input checked="" 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: Rebecca J. Douglas 1-8-00 (941)567-0756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)