

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052307

1. Entity Name

SLS PROCESS & INVESTIGATIONS, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90224 012 \*\*\*150.00

Principal Place of Business

Mailing Address

50 S.E. KINDRED STREET  
SUITE 107  
STUART FL 34994

50 S.E. KINDRED STREET  
SUITE 107  
STUART FL 34994-3061

2. Principal Place of Business

3. Mailing Address

PO Box 1166

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Stuart Florida

4. FEI Number

65-0928126

Applied For

Not Applicable

Zip

Country

Zip

Country

34995

Martin

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOHL, N. DEAN JR.  
50 S.E. KINDRED STREET  
SUITE 107  
STUART FL 34994

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	KOHL, N. DEAN JR.	
STREET ADDRESS	50 S.E. KINDRED STREET, SUITE 107	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director / President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shellie Spotts	
STREET ADDRESS	PO Box 1166	
CITY-ST-ZIP	stuart FL 34995	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

3/15/2000

561 228-9999

CR2E034 (9/99)