

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072480

1. Entity Name

SLG PROCESSING, INC.

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

09-05-2000 90027 039 ***550.00

Principal Place of Business

~~910 S. 8TH STREET, SUITE RG-9~~
FERNANDINA BEACH FL 32034

Mailing Address

~~910 S. 8TH STREET, SUITE RG-9~~
FERNANDINA BEACH FL 32034

17 South 8th Street
Suite A

2. Principal Place of Business

17 South 8th Street

3. Mailing Address

17 South 8th Street

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Fernandina Beach FL

City & State

Fernandina Beach FL

Zip

32034

Country

USA

Zip

32034

Country

USA

4. FEI Number

59-

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCARROLL, MORIE L C.P.A.
2334 E. STATE ROAD 22, SUITE 300
FERNANDINA BEACH FL 32034

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D JONES, ROBERT A
STREET ADDRESS 1125 N. FLETCHER AVENUE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Delete
NAME D PAQUIN, PATRICIA H
STREET ADDRESS 1125 N. FLETCHER AVENUE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT A JONES, President

Date

9/1/2000 (904) 261-8711

Daytime Phone #

CR2E034 (5/00)