

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90186 032 \*\*\*150.00

**DOCUMENT # P99000072480**

1. Entity Name

SLG PROCESSING, INC.



Principal Place of Business

17 SOUTH 8TH STREET  
SUITE A  
FERNANDINA BEACH FL 32034  
US

Mailing Address

17 SOUTH 8TH STREET  
SUITE A  
FERNANDINA BEACH FL 32034  
US

2. Principal Place of Business

3. Mailing Address

PO Box 15097

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Beach FL

Zip

Country

32035

Country

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JONES, ROBERT A  
1125 N. FLETCHER AVENUE  
FERNANDINA BEACH FL 32034 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Robert A. Jones  
2671 First Avenue  
Fernandina Beach, FL 32034 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert A. Jones* **3-23-03 904-261-8711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)