2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 AM 11:23

DOCUMENT #
Entity Name DOUG SLOAN, PA

P99000079502

Principal Place of Business   Mailing Address

906 JENNIFER LANE
FORT MYERS, FL 33919-6041

13872

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
906 JENNIFER LANE	906 JENNIFER LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State: FORT MYERS FL
Zip: 33919-6041 Country: LEE	Zip: 33919-6041 Country: LEE

4. FEI Number 59-3600560 ☐ Applied For ☐ Not Applicable

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
JAMES D. SLOAN, II	Name JAMES D. SLOAN II
906 JENNIFER LANE	Street Address (P.O. Box Number is Not Acceptable) 906 JENNIFER LANE
FORT MYERS, FL 33919-6041	City FORT MYERS, FL Zip Code 33919-6041

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: Doug Sloan   4-27-2000
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	PRESIDENT/VICE PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JAMES D. SLOAN II	NAME	
STREET ADDRESS	906 JENNIFER LANE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919-6041	CITY-ST-ZIP	
TITLE	SEC/TREASURER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GENICE HOOPER	NAME	
STREET ADDRESS	906 JENNIFER LANE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919-6041	CITY-ST-ZIP	500003296535--7
TITLE	☐ Delete	TITLE	06/20/00--01024--024 ☐ Change ☐ Addition
NAME		NAME	****150.00 ****150.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

AD

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: Doug Sloan   4-27-2000   941-454-0728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #