

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90067 049 ***150.00

DOCUMENT # P99000090627

1. Entity Name

SLUGCO, INC.

Principal Place of Business

Mailing Address

**SAN MARCO AVE
 AUGUSTINE FL 32084**

**116 SAN MARCO AVE
 ST AUGUSTINE FL 32084-3262**

DUPLICATE

2. Principal Place of Business

116 SAN MARCO AVE

Suite, Apt. #, etc.

3. Mailing Address

116 SAN MARCO AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST AUGUSTINE FL 320

City & State

ST AUGUSTINE FL

4. FEI Number

59-3604760

Applied For

Not Applicable

Zip

32084

Country

ST JOHNS

Zip

32084

Country

ST JOHNS

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LINDSEY, SCOTT E
 116 SAN MARCO AVE
 ST AUGUSTINE FL 32084**

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 *Scott E. Lindsey* (NOTE: Registered Agent signature required when reinstating)

DATE

2/23/00

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 **PD** ☐ Delete
 NAME **MAYNARD, MICHAEL T**
 STREET ADDRESS **3021 1 STREET**
 CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **STD** ☐ Delete
 NAME **LINDSEY, SCOTT E T**
 STREET ADDRESS **3021 1 STREET**
 CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 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
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 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: *Scott E. Lindsey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/00

Daytime Phone #

904-825-0950

CR2E034 (9/99)