

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90276 006 ***150.00

DOCUMENT # P99000105975

1. Entity Name

J. J. SLAUGH GENERAL CONTRACTING, INC.

Principal Place of Business

**230 W GOLDEN GATE BLVD.
NAPLES FL 34120**

Mailing Address

**230 W GOLDEN GATE BLVD.
NAPLES FL 34120**

2. Principal Place of Business

3. Mailing Address

PO Box 990520

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, FL

Zip

Country

Zip

Country

34116

US

4. FEI Number **59-3612445**

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

**SLAUGH, JOHN W
% J. J. SLAUGH GENERAL CONTRACTING, INC.
230 W. GOLDEN GATE BLVD.
NAPLES FL 34120**

Name

Price, R. Scott, Esq

Street Address (P.O. Box Number is Not Acceptable)

2640 Golden Gate Pkwy Ste 115

City

Naples

FL

Zip Code

34105

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, 2001 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** ☐ Delete
NAME **SLAUGH, JOHN W**
STREET ADDRESS **230 W GOLDEN GATE BLVD.**
CITY-ST-ZIP **NAPLES FL 34120**

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

TITLE **VP** ☐ Delete
NAME **SLAUGH, JEAN**
STREET ADDRESS **230 GOLDEN GATE BLVD W**
CITY-ST-ZIP **NAPLES FL 34120**

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

TITLE **S** ☐ Delete
NAME **CARRERA, CHRISTINE L**
STREET ADDRESS **230 GOLDEN GATE BLVD W**
CITY-ST-ZIP **NAPLES FL 34120**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

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:

JOHN W. SLAUGH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01
Date

941-641-1040
Daytime Phone #

CR2E034 (10/00)