

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S10311**

1. Entity Name

SLATON ENTERPRISES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90061 039 ***150.00

Principal Place of Business

Mailing Address

**330 A1A N
SUITE 301
PONTE VEDRA FL 32082
US**

**% 1920 SAN MARCO BLVD
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

4069 Atlantic Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, Florida

4. FEI Number

38-2956828

Applied For

Not Applicable

Zip

Country

Zip

Country

32207

USA

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

**KATTMAN, JOHN F.
1920 SAN MARCO BLVD
JACKSONVILLE FL 32207**

Name

John F. Kattman

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

4069 Atlantic Boulevard

City

Jacksonville

FL

Zip Code
32207

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, 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 ☐ Delete
NAME **DP**
STREET ADDRESS **SLATON, CHARLES R.**
CITY-ST-ZIP **9938 DEERCREEK CLUB RD
JACKSONVILLE FL**

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

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **SLATON, SHARA GAYLE**
CITY-ST-ZIP **9938 DEERCREEK CLUB RD
JACKSONVILLE FL**

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **HOZA, BONNY R**
CITY-ST-ZIP **169 SEA ISLAND DR
PONTE VEDRA BCH FL**

TITLE ☒ Change ☐ Addition
NAME **Bonny HOZA, BONNY R**
STREET ADDRESS **101 KINGS GRANT**
CITY-ST-ZIP **PONTE VEDRA BCH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
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: Charles R. Slaton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00 (904) 543-1372
Date Daytime Phone #

CR2E034 (9/99)