

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V32619

1. Entity Name

DAVID W. SLIGER, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90009 028 ***150.00

Principal Place of Business

Mailing Address

4703 22ND ST N
ST. PETERSBURG FL 33714
US

6819 17TH STREET SOUTH
ST PETERSBURG FL 33712-5907
US

2. Principal Place of Business

2101-6TH AVENUE SOUTH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

City & State

4. FEI Number

59-3124313

Applied For

Not Applicable

Zip

33712

Country

USA

Zip

Country

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

SLIGER, LARRY A.
6627 STEWART AVENUE
ST. PETERSBURG FL 33702

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

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 PD ☐ Delete
NAME SLIGER, DAVID W.
STREET ADDRESS 4703 22ND ST N
CITY-ST-ZIP ST. PETERSBURG FL

TITLE PD ☒ Change ☐ Addition
NAME SLIGER, DAVID W.
STREET ADDRESS 6819-17TH STREET SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 33712

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
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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)(f), 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 an other like empowered.

SIGNATURE:

DAVID W SLIGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)