


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91290 047 ***150.00

DOCUMENT # 636558

1. Entity Name
BILL SALTER ADVERTISING, INC.



Principal Place of Business
**5547 HIGHWAY 90
POST OFFICE BOX 761
MILTON FL 32572**

Mailing Address
**5547 HIGHWAY 90
POST OFFICE BOX 761
MILTON FL 32572**

11020004



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2188894**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALTER, WILLIAM O.
5547 HIGHWAY 90
MILTON FL 32572**

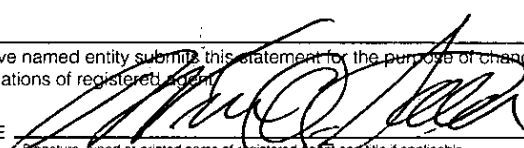
7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/24/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SALTER, WILLIAM O.	
STREET ADDRESS	PINE-BLOSSOM RD.	
CITY-ST-ZIP	MILTON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SALTER, HELEN M.	
STREET ADDRESS	PINE-BLOSSOM RD.	
CITY-ST-ZIP	MILTON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SALTER, PAUL E.	
STREET ADDRESS	2991 GREYSTONE DRIVE	
CITY-ST-ZIP	PACE FL 32571	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTER, WILLIAM O.	
STREET ADDRESS	5736 WILLARD NORRIS RD	
CITY-ST-ZIP	MILTON, FL	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTER, HELEN M.	
STREET ADDRESS	5736 WILLARD NORRIS RD	
CITY-ST-ZIP	MILTON, FL	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTER, PAUL E.	
STREET ADDRESS	3572 SAWMILL CIRCLE	
CITY-ST-ZIP	PACE, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE: **4/24/03** DAYTIME PHONE #: **850-994-4611**

CR2E034 (10/02)