


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90060 016 \*\*\*\*61.25

**DOCUMENT # N50353**

1. Entity Name  
**SALT, INC.**



Principal Place of Business  
**7262 SOUTH LEEWYN DRIVE  
SARASOTA FL 34240**

Mailing Address  
**7262 SOUTH LEEWYN DRIVE  
SARASOTA FL 34240  
US**

11007033



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **65-0365454**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JORGENSEN, SERGE  
7262 SOUTH LEEWYNN DR.  
SARASOTA FL 34240**

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 *Serge D. Jorgensen Pres.* DATE *14 April 03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	JORGENSEN, SERGE PRES.	
STREET ADDRESS	7262 S LEEWYNN DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	REES, MARTHA SEC.	
STREET ADDRESS	1814 BAYOU GRANDE BLVD NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	D/V	<input checked="" type="checkbox"/> Delete
NAME	BIRNBACH, JEFFREY VP	
STREET ADDRESS	523 S PALM UNIT #1	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREENWOOD, JAMES	
STREET ADDRESS	1350 BERSHIRE CT	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JORGENSEN, JOHN	
STREET ADDRESS	7262 S LEEWYNN DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Birnbach, Jeffrey Sec	
STREET ADDRESS	523 S Palm Unit #1	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Birnbach, Jeffrey Sec.	
STREET ADDRESS	1814 Bayou Grande Blvd NE	
CITY-ST-ZIP		
TITLE	D/V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Birnbach, Jorgensen, John VP	
STREET ADDRESS	7262 S. Leewynn Dr.	
CITY-ST-ZIP	Sarasota FL 34240	
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 617, 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 like empowered.

SIGNATURE: *Serge D. Jorgensen* DATE: *14 April 03* (411) 951-6015

CR2E037 (10/02)