

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 16, 2001 8:00 am  
Secretary of State

03-16-2001 90066 043 \*\*\*158.75

DOCUMENT # P00000100781

1. Entity Name

SALBERG & COMPANY, P.A.

Principal Place of Business

10095 182ND LANE S.  
BOCA RATON FL 33498

Mailing Address

10095 182ND LANE S.  
BOCA RATON FL 33498

2. Principal Place of Business

20283 STATE ROAD 7

3. Mailing Address

10095 182<sup>ND</sup> LANE S.

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-1050748

Applied For

Not Applicable

Zip

33498

Country

USA

Zip

33498

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SALBERG, LYNN M  
10095 182ND LANE S.  
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name

SCOTT D. SALBERG

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

10095 182<sup>ND</sup> LANE S.

City

BOCA RATON

FL

Zip Code

33498

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 SCOTT D. SALBERG PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

3/7/01

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR  
STREET ADDRESS SCOTT D. SALBERG  
CITY-ST-ZIP 10095 182<sup>ND</sup> LANE S.  
BOCA RATON FL 33498

TITLE ☐ Change ☒ Addition  
NAME PRESIDENT  
STREET ADDRESS SCOTT D. SALBERG  
CITY-ST-ZIP 10095 182<sup>ND</sup> LANE S.  
BOCA RATON FL 33498

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT D. SALBERG 3/7/01 (561) 995-8270

Date

Daytime Phone #

CR2E034 (10/00)