

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90036 044 ***150.00

DOCUMENT # P97000084291
 1. Entity Name
SALT AIR DEVELOPMENT, INC.

Principal Place of Business Mailing Address
157 FIESTA WAY **157 FIESTA WAY**
FORT LAUDERDALE FL 33301 **FORT LAUDERDALE FL 33301-1416**

2. Principal Place of Business 3. Mailing Address
5102 SW 2ND AVE **5102 SW 2ND AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
CAPE CORAL, FL **CAPE CORAL, FL**
 Zip Country Zip Country
33904 **USA** **33904** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0784828 Not Applicable

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

6. Name and Address of Current Registered Agent
BURRIER, VICKI
157 FIESTA WAY
SUITE 208
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
 Name **EDWARD HAYDEN**
 Street Address (P.O. Box Number is Not Acceptable)
5102 SW 2ND AVE
 City **CAPE CORAL** FL Zip Code **33904**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAYDEN, EDWARD 157 FIESTA WAY FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, D HAYDEN, EDWARD 5102 SW 2ND AVE CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURRIER, VICTORIA 157 FIESTA WAY FORT LAUDERDALE FL 33301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **4/10/00** **(941) 542-6526**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)