

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90017 004 ***150.00

DOCUMENT # 407882

1. Entity Name

SALVAGE OUTLET, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2055 S. Ferdon Blvd.

3. Mailing Address

2055 S. Ferdon Blvd

Suite, Apt. #, etc.

PO Box 966

Suite, Apt. #, etc.

PO Box 966

City & State

Crestview FL 32536

City & State

Crestview FL 32536

4. FEI Number

59-1412763

Applied For

Not Applicable

Zip

32536

Country

OKALOOSA

Zip

32536

Country

OKALOOSA

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

7. Name and Address of Current Registered Agent

Name

PARKER, WALTER T., JR.

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

2055 S. FERDON BLVD.

PO BOX 966

City

CRESTVIEW

FL

Zip Code
32536

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, DOROTHY E. 8459 OAK-LOOSA DRIVE CRESTVIEW FL 32539	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARKER, WALTER T., JR. 8459 OAK-LOOSA DRIVE CRESTVIEW FL 32539	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter T. Parker, Jr.

3/5/02

Date

850)682-3889

Daytime Phone #

CR2E034B (12/01)