

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90144 016 ***150.00

DOCUMENT # 424533

1. Entity Name
SALEM CORPORATION



Principal Place of Business
C/O RONALD PEREIRA
2672 TAMiami TRAIL NW
PT CHARLOTTE FL 33952-5129

Mailing Address
C/O RONALD PEREIRA
2672 TAMiami TRAIL NW
PT CHARLOTTE FL 33952-5129

2. Principal Place of Business

C/O SUEANNE STEINACKER

Suite, Apt. #, etc.

3. Mailing Address

C/O SUEANNE STEINACKER

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1462853**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEINACKER, SUEANNE

2672 TAMiami TRAIL

PORT CHARLOTTE FL 33952

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **STEINACKER, SUEANNE**
STREET ADDRESS **22499 RYE AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

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

TITLE **VS** ☐ Delete
NAME **VAN SKIVER, LESLIE**
STREET ADDRESS **1109 BEAUMONT AVE.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **VS** ☒ Change ☐ Addition
NAME **Kupferer, leslie**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **STEINACKER, GREGG**
STREET ADDRESS **22499 RYE AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 of trust 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 like empowered.

SIGNATURE:

SUEANNE STEINACKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sueanne Steinacker 1/8/03 941-625-0044

Date

Daytime Phone #

CR2E034 (10/02)