

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750934

1. Entity Name

THE ED SALMON FLORIDA STRING BAND, INC

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

02-19-2002 90110 033 ****75.00

Principal Place of Business

3226 WINDJAMMER DR
SPRING HILL FL 34607

Mailing Address

3226 WINDJAMMER DR
SPRING HILL FL 34607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2012025

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FICO, SAL
3226 WINDJAMMER DR
SPRING HILL FL 34607

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PT
NAME FICO, SAL
STREET ADDRESS 3226 WINDJAMMER DR
CITY-ST-ZIP SPRING HILL FL 34607

TITLE D
NAME PARHOLA, WALTER
STREET ADDRESS 11536 MEREDITH LANE
CITY-ST-ZIP HUDSON FL 34652

TITLE VP
NAME ALVIN, LEBAS
STREET ADDRESS 9555 RIVER RD
CITY-ST-ZIP SPRINGHILL FL 34606

TITLE D
NAME YOUNFLESH, JOE
STREET ADDRESS 7440 1ST CIR. DR.
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE D
NAME CUFF, JOHN
STREET ADDRESS 9014 BOLTON AVENUE
CITY-ST-ZIP HUDSON FL 34067

TITLE D
NAME BAILEY, ED
STREET ADDRESS 9412 NEW YORK
CITY-ST-ZIP HUDSON FL 34687

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S
NAME MAE CUFF
STREET ADDRESS 9014 BOLTON AVE
CITY-ST-ZIP HUDSON FL 34067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *SALVATORE RECICCO (P&T) 1-31-02 (352) 683-3849*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)