

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90004 050 \*\*\*150.00

**DOCUMENT # F00000003960**

1. Entity Name

**SALVAGECONNECTION.COM INC.**

Principal Place of Business

2708 ALT. 19 N STE 604  
PALM HARBOR FL 34683

Mailing Address

2708 ALT. 19 N STE 604  
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3613605**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEIDEL, ERIC**  
**2708 ALT 19 N STE 604**  
**PALM HARBOR FL 34683**

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 fee 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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                                              |                                                |                                                                                                                                                         |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCD<br>SEIDEL, ERIC<br>134 LAKESHORE DR N.<br>PALM HARBOR FL <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>SEIDEL, ERIC<br>2708 ALT 19 N STE 604<br>PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>POWERS, GAVR<br>1140 BAYMEADOWS DR.<br>TITUSVILLE FL <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>MOORE, MYRON SCOTT<br>2708 ALT 19 N STE 604<br>PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GREECHNIW, VICTOR<br>4227 HEADSAIL DR.<br>NEW PORT RICHEY FL <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TRBOVICH, NICHOLAS, JR.<br>1110 MAPLE STREET<br>ELMA, NY 14059 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KORGE, CHRISTOPHER<br>230 PALERMO AVENUE<br>CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JOLLEY, DAVID<br>1749 CONCESSION 3/RR1<br>GOODWOOD, ONTARIO LOC 1A0 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WRIGHT, RANDAL<br>2708 ALT 19 N STE 604<br>PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |

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 Moore* *Myron Scott Moore*

4/16/01

Date

(727) 781-0414

Daytime Phone #

CR2E034 (10/00)

Attachment #  
FOOOOOOO3960

39642

ADDITIONAL BOARD OF DIRECTOR MEMBERS

D  
JESSOP, ANTHONY  
JESSOP INTERNATIONAL GROUP  
LOVE BEACH  
FISHER SUB DIVISIONS  
WEST BAY STREET  
NASSAU, BAHAMAS

C  
DICKSON, JEFF  
2708 ALTERNATE 19 NORTH, SUITE 604  
PALM HARBOR, FL 34683