

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90056 031 \*\*\*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

**110 Douglas Rd E**  
 Suite, Apt. #, etc.

**110 Douglas Rd E**  
 Suite, Apt. #, etc.

City & State

**Oldsmar FL**

City & State

**Oldsmar FL**

Zip

**34677**

Country

**USA**

Zip

**34677**

Country

**USA**

4. FEI Number

**59-3613605**

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

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 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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 ☐ Delete  
 NAME **DP SEIDEL, ERIC**  
 STREET ADDRESS **2708 ALT 19 N STE 604**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☒ Addition  
 NAME **CD JEFF DICKSON**  
 STREET ADDRESS **110 Douglas Rd E**  
 CITY-ST-ZIP **Oldsmar FL 34677**

TITLE ☐ Delete  
 NAME **ST MOORE, MYRON SCOTT**  
 STREET ADDRESS **2708 ALT 19 N STE 604**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

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

TITLE ☐ Delete  
 NAME **TRBOVICH, NICHOLAS JR**  
 STREET ADDRESS **1110 MAPLE STREET**  
 CITY-ST-ZIP **ELMA NY 14059**

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

TITLE ☐ Delete  
 NAME **D KORGE, CHRISTOPHER**  
 STREET ADDRESS **230 PALERMO AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE ☐ Delete  
 NAME **D JOLLEY, DAVID**  
 STREET ADDRESS **1749 CONCESSION 3/RR1**  
 CITY-ST-ZIP **GOODWOOD, ONTARIO LOC- 1A0**

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

TITLE ☐ Delete  
 NAME **D WRIGHT, RANDAL**  
 STREET ADDRESS **2708 ALT 19 N STE 604**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

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

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 Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)