

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90252 001 \*\*\*150.00

**DOCUMENT # F27574****1. Entity Name**  
**SALEM SAXON, P.A.****Principal Place of Business**  
101 E KENNEDY BLVD #3200  
ONE BARNETT PLAZA, P O BOX 3399  
TAMPA FL 33602**Mailing Address**  
101 E KENNEDY BLVD #3200  
ONE BARNETT PLAZA, P O BOX 3399  
TAMPA FL 33602**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number**  
**59-2086579**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SALEM, RICHARD J  
101 E KENNEDY BLVD #3200  
ONE BARNETT PLAZA  
TAMPA FL 33601**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

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PST			
	SALEM, RICHARD J	101 E KENNEDY BLVD #3200	TAMPA, FL 00000	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	VD			
	SAXON, BERNICE S.	101 E KENNEDY BLVD #3200	TAMPA FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	SALEM, RICHARD J.	101 E KENNEDY BLVD #3200	TAMPA FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input 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:**

Bernice S. Saxon, V.P. 1/1/02 813-224-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

**Salem Saxon, P.A.**  
ATTORNEYS AT LAW

Bank of America Plaza  
101 E. Kennedy Blvd., Suite 3200  
Tampa, FL 33602  
tel 813.224.9000 / fax 813.221.8811

Doc# FL27574  
400140

Tampa  
Orlando  
Tallahassee  
Washington D.C.  
Affiliate - Costa Rica

January 18, 2002

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Salem Saxon, P.A.  
Our File Number: 1089.28

Dear Sir and/or Madam:

Enclosed please find for filing, with the Florida Department of State, the 2002 Uniform Business Report for the above-referenced corporation, as well as a check in the amount of \$150 to cover the filing fees.

If you have any questions in connection with the foregoing, please contact us. With kindest personal regards, I am

Very truly yours,

SALEM SAXON, P.A.



Charlotte Barone  
Legal Assistant

cb

cc: Bernice S. Saxon, Esq. (w/o Enclosure)

Enclosures

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