

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91157 038 \*\*\*150.00

067478  
FP

**DOCUMENT # F58264**

1. Entity Name

COLDWELL BANKER MAJOR LEAGUE REALTY, INC.



Principal Place of Business

1625 TAYLOR ROAD

DAYTONA FL 32124

US

Mailing Address

1625 TAYLOR ROAD

DAYTONA FL 32124

US

11041338



2. Principal Place of Business

1625 TAYLOR RD

Suite, Apt. #, etc.

STE. B

City & State

PORT ORANGE FL

Zip

32128

Country

FLORIDA

3. Mailing Address

1625 TAYLOR RD

Suite, Apt. #, etc.

STE. B

City & State

PORT ORANGE FL

Zip

32128

Country

FLORIDA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2316477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SALERNO, MARGARET R.

6434 RENAISSANCE DR

DAYTONA BEACH FL 32124

PORT ORANGE FL 32128

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. 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

TITLE P  
NAME SALERNO, MARGARET R.  
STREET ADDRESS 6434 RENAISSANCE DR  
CITY-ST-ZIP PORT ORANGE FL 32124 32128 ☐ Delete

TITLE VP  
NAME SALERNO, STEVEN J  
STREET ADDRESS 6434 RENAISSANCE DR  
CITY-ST-ZIP PORT ORANGE FL 32124 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 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:

*Margaret R. Salerno*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03  
Date

386  
760-3077  
Daytime Phone #

CR2E034 (10/02)