

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90089 033 ***150.00

DOCUMENT # F99000000815

1. Entity Name
SALYER CORPORATION



Principal Place of Business
7126 SHARON HOLLOW RD
MANCHESTER MI 48158

Mailing Address
7126 SHARON HOLLOW RD
MANCHESTER MI 48158

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 **38-2783158**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, GLADYS H
15046 BROOK RIDGE BLVD
BROOKSVILLE FL 34613

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPT** ☐ Delete
NAME **SALYER, LARRY L**
STREET ADDRESS **7126 SHARON HOLLOW RD**
CITY-ST-ZIP **MANCHESTER MI 48158**

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

TITLE **V** ☐ Delete
NAME **SALYER, JOANN R**
STREET ADDRESS **7126 SHARON HOLLOW RD**
CITY-ST-ZIP **MANCHESTER MI 48158**

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

TITLE **S** ☒ Delete
NAME **PICKELL, CONNIE**
STREET ADDRESS **1300 CEDAR LAKE ROAD**
CITY-ST-ZIP **CHARLOTTE MI 48813**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **Larry Salyer**
STREET ADDRESS **7126 Sharon Hollow Rd.**
CITY-ST-ZIP **Manchester, MI 48158-8576**

TITLE **VD** ☐ Delete
NAME **PICKELL, AMBER**
STREET ADDRESS **1300 CEDAR LAKE ROAD**
CITY-ST-ZIP **HOWELL MI 48843**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Larry Salyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

7344287389
Date Daytime Phone #

CR2E034 (10/02)