

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003570

1. Entity Name

SALOMON GREY FINANCIAL CORPORATION

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90094 047 ***150.00

Principal Place of Business	Mailing Address
5430 LBJ FREEWAY, THREE UNKOLN CENTTER 1626 DALLAS TX 75240	5430 LBJ FREEWAY, THREE UNKOLN CENTTER 1626 DALLAS TX 75240-2601

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 **75-2725794**

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

GUINN, BRIAN A
127 STRIPER WAY
QUINCY FL 32351

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, 2000 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	PCT	<input type="checkbox"/> Delete
NAME	ROWE, KYLE B	
STREET ADDRESS	5430 LBJ FREEWAY, SUITE 1626	
CITY-ST-ZIP	DALLAS TX 75240	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROWE, LAURIE	
STREET ADDRESS	5430 LBJ FREEWAY, SUITE 1626	
CITY-ST-ZIP	DALLAS TX 75240	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROWE, MARVIN W	
STREET ADDRESS	5430 LBJ FREEWAY, SUITE 1626	
CITY-ST-ZIP	DALLAS TX 75240	

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

TITLE	VS	<input type="checkbox"/> Delete
NAME	KOUPAS, A. PAUL	
STREET ADDRESS	5430 LBJ FREEWAY, SUITE 1626	
CITY-ST-ZIP	DALLAS TX 75240	

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

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

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

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

972-980-3710

Daytime Phone #

CR2E034 (9/99)