

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Sep 22, 2002 8:00 am**  
**Secretary of State**

09-22-2002 90059 041 \*\*\*550.00

**DOCUMENT # F99000006272****1. Entity Name**  
**BARBARA SALOMONE & ASSOCIATES, INCORPORATED****Principal Place of Business**  
**4955 NORTHPARK DRIVE**  
**COLORADO SPRINGS CO 80918****Mailing Address**  
**4955 NORTHPARK DRIVE**  
**COLORADO SPRINGS CO 80918**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** **36-3515737**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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****DIEMER, ROBERT**  
**4328 40TH STREET SOUTH**  
**ST. PETERSBURG FL 33711**

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

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** **P** ☐ Delete  
**NAME** **SALOMONE, BARBARA**  
**STREET ADDRESS** **1677 ELK BLVD**  
**CITY-ST-ZIP** **DES PLAINES IL 60016****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **S** ☐ Delete  
**NAME** **SALOMONE, ROSS**  
**STREET ADDRESS** **1677 ELK BLVD**  
**CITY-ST-ZIP** **DES PLAINES IL 60016****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **V** ☐ Delete  
**NAME** **SCHATZ, ROBERT**  
**STREET ADDRESS** **4955 NORTHPARK DRIVE**  
**CITY-ST-ZIP** **COLORADO SPRINGS CO 80918****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **T** ☐ Delete  
**NAME** **SCHATZ, ADRIENNE**  
**STREET ADDRESS** **4955 NORTHPARK DRIVE**  
**CITY-ST-ZIP** **COLORADO SPRINGS CO 80918****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****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:***S. Adrienne Resch*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****7/23/07** **719 260 0297**  
Date Daytime Phone #

CR2E034 (4/02)