

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H36962**

1. Entity Name

SALEEBA ENTERPRISES, INC.**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90322 001 ***450.00

001181

Principal Place of Business 2216 OAK STREET JACKSONVILLE FL 32204 US	Mailing Address 2216 OAK STREET 2216 OAK STREET JACKSONVILLE FL 32204 US
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66851

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2486443		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent**SALEEBA, T. ANTHONY
2216 OAK ST.
JACKSONVILLE FL 32204****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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SALEEBA, THOMAS A.	
STREET ADDRESS	2216 OAK ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCOY, DIANE SALEEBA	
STREET ADDRESS	2216 OAK ST.	
CITY - ST - ZIP	JACKSONVILLE FL 32204	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CRABTREE, RENNE SALEEBA	
STREET ADDRESS	2216 OAK ST.	
CITY - ST - ZIP	JACKSONVILLE FL 32204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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

3/27/01
Date**904 387-0415**
Daytime Phone #

CR2034 (10/00)