## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# J20648

Entity Name: SALWAY ENTERPRISES, INC.

PERRY, MICHAEL

7401 11TH AVE. N.

ST. PETERSBURG, FL

Name:

Address: City-St-Zip: FILED Apr 09, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4900 PARK BLVD PINELLAS PARK, FL 33781 US **Current Mailing Address: New Mailing Address:** 5685-91ST AVE N PINELLAS PARK, FL 34666 FEI Number: 59-2762955 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NIESET, JAMES R. 6740 CROSSWINDS DR. NO. ST. PETERSBURG, FL 33710 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SALWAY, MICHAEL A Name: Name: 5685 91ST AVE N Address: Address: City-St-Zip: PINELLAS PARK, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: SALWAY, MARY ANN Name: 5685 91ST ST. N. Address: Address: PINELLAS PK, FL City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL A SALWAY P 04/09/2002