

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90127 042 \*\*\*150.00

**DOCUMENT # J33034**

1. Entity Name  
**LATE NIGHT LIBRARY INC.**



Principal Place of Business  
**809 GAY ST  
TALLAHASSEE FL 32305  
US**

Mailing Address  
**PO BOX 10829  
TALLAHASSEE FL 32302  
US**



☒ CHECK HERE IF MAKING CHANGES

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 **59-2738925**

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

**SALIE, DOUGLAS R  
7008 MCBRIDE POINTE  
TALLAHASSEE FL 32312**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **SALIE, DOUGLAS R.**  
STREET ADDRESS **809 GAY ST**  
CITY-ST-ZIP **TALLAHASSEE FL 32304**

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

TITLE **VP** ☐ Delete  
NAME **WELLS, LOREI**  
STREET ADDRESS **7008 MCBRIDE PT**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE **D** ☐ Delete  
NAME **SALIE, ROBERT**  
STREET ADDRESS **3604 CASEY KEY RD**  
CITY-ST-ZIP **NOKOMIS FL 34275**

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

TITLE **D** ☐ Delete  
NAME **WELLS, BRUCE**  
STREET ADDRESS **1683 SW 32ND TERR.**  
CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE **D** ☐ Delete  
NAME **SALIE, DAVID**  
STREET ADDRESS **1318 1 STREET NW**  
CITY-ST-ZIP **WASHINGTON DC 20009**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1318 T STREET NW**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SALIE, FAITH**  
STREET ADDRESS **1047 LINCOLN BLVD, STE 5**  
CITY-ST-ZIP **LOS ANGELES CA 90403**

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: **SIGNATURE OF DOUG SALIE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-18-03**

Date

**850 224 3238**

Daytime Phone #

CR2E034 (10/02)