

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000013421

FILED
Jul 14, 2003
Secretary of State

Entity Name: CARIBBEAN SALVORS, LLC

Current Principal Place of Business:

28 NORTH CAUSEWAY DRIVE
1A
FORT PIERCE, FL 34946 US

New Principal Place of Business:

4673 SW MONACO ST
PORT SAINT LUCIE, FL 34953 US

Current Mailing Address:

P.O. BOX 654
FORT PIERCE, FL 34954 US

New Mailing Address:

4673 SW MONACO ST
PORT SAINT LUCIE, FL 34953 US

FEI Number: 03-0449721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELIGER, WILLIAM K
5500 SAINT LUCIE BLVD
FORT PIERCE, FL 34946 US

Name and Address of New Registered Agent:

SELIGER, WILLIAM K
4673 SW MONACO ST
PORT SAINT LUCIE, FL 34953 US

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: WILLIAM K SELIGER

07/14/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SELIGER, WILLIAM K
Address: 5500 SAINT LUCIE BLVD
City-St-Zip: FORT PIERCE, FL 34946 US

Title: MGRM () Delete
Name: MACFARLANE, GERALD C
Address: 5500 SAINT LUCIE BLVD
City-St-Zip: FORT PIERCE, FL 34946 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SELIGER, WILLIAM K
Address: 4673 SW MONACO ST
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: MGRM (X) Change () Addition
Name: SELIGER, WILLIAM G
Address: 340 W. 1600 S.
City-St-Zip: OREM, UT 84058 US

Title: MGRM () Change (X) Addition
Name: FERRELL, KIM
Address: 5720 SEAGRASS LANE
City-St-Zip: NAPLES, FL 34116 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM K SELIGER

MGRM

07/14/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date