

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90057 008 ***150.00

DOCUMENT # M65476

1. Entity Name

FLOYD S. SALSER, JR. & ASSOCIATES, INC.

Principal Place of Business

3940 SOUTHEAST 45TH COURT
 Ocala FL 34480
 US

Mailing Address

PO BOX 3841
 Ocala FL 34478-3841
 US

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

59-2879074

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALSER, CONNIE K
PO BOX 3841
2812 SE 31 ST
OCALA FL 34471

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
VPP	SALSER, FLOYD S., JR.		
2812 SE 31ST STREET	OCALA FL		
			34471
S	SALSER, CONNIE K.		
2812 SE 31ST ST	OCALA FL		
			34471
T	SALSER, FLOYD S. III		
1766 SE 87TH PLACE	OCALA FL		
			500 SW 57 St.
			34474

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 (s) empowered.

SIGNATURE:

Connie K. Salser
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-00
 Date

(352) 694-7195
 Daytime Phone #

CR2E034 (9/99)