

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90297 044 ****50.00

DOCUMENT # M98000001059

1. Entity Name

US SALT HOLDINGS, LLC

Principal Place of Business

**3740 BEACH BLVD., SUITE 306
 JACKSONVILLE FL 32207**

Mailing Address

**3740 BEACH BLVD., SUITE 306
 JACKSONVILLE FL 32207**

555557

2. Principal Place of Business

10955 LOWELL

3. Mailing Address

10955 LOWELL

Suite, Apt. #, etc.

SUITE 600

Suite, Apt. #, etc.

SUITE 600

City & State

OVERLAND PARK, KS

City & State

OVERLAND PARK, KS

4. FEI Number

59-3526185

Applied For

Not Applicable

Zip

66210

Country

USA

Zip

66210

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DOLAN, TIM
 3740 BEACH BLVD., SUITE 306
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

JAI SINGH

Street Address (P.O. Box Number is Not Acceptable)

3740 BEACH BLVD., SUITE 300

City

JACKSONVILLE

FL

Zip Code
32207

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

JAI SINGH, VICE PRESIDENT

4/25/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **DEMETREE, MARK**
 STREET ADDRESS **3740 BEACH BLVD., SUITE 306**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **MGR** ☐ Delete
 NAME **DOLAN, TIM**
 STREET ADDRESS **3740 BEACH BLVD., SUITE 306**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **DEMETREE, MARK**
 STREET ADDRESS **3740 BEACH BLVD., SUITE 300**
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **MGR** ☒ Change ☐ Addition
 NAME **DOLAN, TIM**
 STREET ADDRESS **4384 WEST 150TH PLACE**
 CITY-ST-ZIP **LEAWOOD, KS 66224**

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

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

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

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

11. 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 is true and accurate and that my 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:

Mark C. Demetree

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/02

Date

913-239-0101

Daytime Phone #

CR2E083 (9/01)