

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90080 032 \*\*\*\*\*50.00

**DOCUMENT # M98000001060**

1. Entity Name

**US SALT, LLC**

Principal Place of Business

**3740 BEACH BLVD., SUITE 306  
 JACKSONVILLE FL 32207-3819**

Mailing Address

**3740 BEACH BLVD., SUITE 306  
 JACKSONVILLE FL 32207-3819**

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**

Zip

**66210**

Country

**USA**

Zip

**66210**

Country

**USA**

4. FEI Number

**59-3525498**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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TITLE  
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☐ Change ☐ Addition

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TITLE  
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☐ Change ☐ Addition

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

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: [Signature]**

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

**4/24/02**

**913-239-0101**

Date

Daytime Phone #

CR2E083 (9/01)