2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 09, 2000 8:00 am Secretary of State **DOCUMENT # N36277** 1. Entity Name SALT COMMISSION, INC. 03-20-2000 90105 041 ****61.25 Principal Place of Business Mailing Address P.O. BOX 10305 4255 LUZON WAY SARASOTA FL 34278-0305 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0169076 Not Applicable Country _ Zip Country \$8.75 Additional 5. Certificate of Status Desired . 🗆 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRATCHER, JOE 715 N. LOCKWOOD RIDGE ROAD SARASOTA FL 34237 City Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (66/6)Addition Change Delete TITLE GROHMAN, DAVID P. NAME NAME **CR2E037** STREET ADDRESS STREET ADDRESS 4255 LUZON WAY CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34241 🔀 Addition Delete TITLE GEOAGE CALLENDER THEF 603 63AD AVE W, 18 Hague BUD PATTISON, CHIP NAME NAME STREET ADDRESS STREET ADDRESS 7308, PALOMINO, TRAIL BRADENTON, FL. 34207 CITY-ST-ZIP SARASOTA FL 34241-9782 CITY-ST-ZIP ☐ Change ☐ Addition TITLE De ete TITLE BRATCHER, JOE NAME MALIF STREET ADDRESS STREET ADDRESS 715 N. LOCKWOOD RIDGE RD. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34237 [] Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delate NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-AP 12. I hereby certify that the information supplied with this filling does not quality 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 617, 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.