

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50353

1. Entity Name

SALT, INC.

Principal Place of Business

7262 SOUTH LEEWYN DRIVE
SARASOTA FL 34240

Mailing Address

7262 SOUTH LEEWYN DRIVE
SARASOTA FL 34240-9652
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JORGENSEN, SERGE
7262 SOUTH LEEWYNN DR.
SARASOTA FL 34240

4. FEI Number

65-0365454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JORGENSEN, SERGE	
STREET ADDRESS	7262 S LEEWYNN DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILSON, NED	
STREET ADDRESS	1260 PINE VALLEY ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, NED	
STREET ADDRESS	1260 PINE VALLEY RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D.S	<input checked="" type="checkbox"/> Delete
NAME	KING, RICHARD	
STREET ADDRESS	3251 PROCTOR RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BISHOP, BETH	
STREET ADDRESS	3371 HUNTINGTON POINT DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rees, Martha	
STREET ADDRESS	1814 Bayou Grande Blvd. NE	
CITY-ST-ZIP	St. Petersburg, Florida 33703	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marquetta, Charles	
STREET ADDRESS	3709 Tanglewood Drive	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Birnback, Jeffrey	
STREET ADDRESS	523 South Palm Unit #1	
CITY-ST-ZIP	Sarasota, Florida 34236	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greenwood, James	
STREET ADDRESS	1350 Berkshire Court	
CITY-ST-ZIP	Venice, Florida 34292	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jorgensen, John	
STREET ADDRESS	7262 South Leewynn Drive	
CITY-ST-ZIP	Sarasota, Florida 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE: Serge D. Jorgensen 25 April 2000 (411) 377-4986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90057 017 ****61.25



DO NOT WRITE IN THIS SPACE