## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

## Mar 28, 2003 8:00 am Secretary of State DOCUMENT # N9600001168 1. Entity Name 03-28-2003 90087 011 \*\*\*\*61.25 SALT OF THE EARTH, INC. Principal Place of Business Mailing Address 211 FAIRVIEW AVE. 211 FAIRVIEW AVE. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0649930 Applied For Not Applicable Zip 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 BEALS, JUSTIN E Street Address (P.O. Box Number is Not Acceptable) THE WORLD TRADE CENTER 80 S.W. 8TH STREET, SUITE 2000 **MIAMI FL 33130** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition TIPPENS, JOEL M NAME NAME 211 FAIRVIEW AVE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition Change TIPPENS, CATHERINE N NAME 211 FAIRVIEW AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP Detete JITLE\_ Change Addition ERBEL, SUSAN R NAME 1960 STRATFORD DR STREET ADDRESS STREET ADDRESS **DELAND FL 32724** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

☐ Change

☐ Addition

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

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