

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90073 030 \*\*\*150.00

**DOCUMENT # P00000003502**

1. Entity Name  
**R. L. SALING MAINTENANCE, INC.**

Principal Place of Business <b>3113 KLINE ROAD JACKSONVILLE FL 32246</b>	Mailing Address <b>3113 KLINE ROAD JACKSONVILLE FL 32246</b>
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2. Principal Place of Business <b>same</b>	3. Mailing Address <b>same</b>
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State, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3618067</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALING, R.L. JR  
 3113 KLINE ROAD  
 JACKSONVILLE FL 32246**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title of applicant (NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>DPST SALING, R.L. JR 3113 KLINE ROAD JACKSONVILLE FL 32246</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>DV BEDROSIAN, DORIS M 1 SOUTHERN TRACE BOULEVARD JACKSONVILLE FL 32246</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information provided 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with authority like empowered.

SIGNATURE: *R. L. Saling*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

904-703-6368

Date Date of Filing

CR2E034 (10/00)