

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000012520

FILED  
Apr 23, 2003  
Secretary of State

Entity Name: SALMARTED INC.

## Current Principal Place of Business:

1266 SW 116 WAY  
DAVIE, FL 33325

## New Principal Place of Business:

## Current Mailing Address:

1266 SW 116 WAY  
DAVIE, FL 33325

## New Mailing Address:

FEI Number: 65-0982222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BONAWITZ, MARK E  
1266 SW 116 WAY  
DAVIE, FL 33325

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BONAWITZ, MARK E  
Address: 1266 SW 116TH WAY  
City-St-Zip: DAVIE, FL 33325

Title: VD ( ) Delete  
Name: BONAWITZ, KENNETH J  
Address: 12157 NATALIE COVE RD  
City-St-Zip: COOPER CITY, FL 33330

Title: STD ( ) Delete  
Name: BONAWITZ, KAREN M  
Address: 6651 WEDGEWOOD AVE.  
City-St-Zip: DAVIE, FL 33331

Title: D ( ) Delete  
Name: BONAWITZ, ROCK E  
Address: 4800 JACQUELINE LN  
City-St-Zip: RALEIGH, NC 27616

Title: D ( ) Delete  
Name: BONAWITZ, MARK T  
Address: 6651 W WEDGEWOOD AVE  
City-St-Zip: DAVIE, FL 33331

Title: D ( ) Delete  
Name: ECCLES, KIMBERLY I  
Address: 19934 MAIN ST HWY 86  
City-St-Zip: SAEGERTOWN, PA 16433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: BONAWITZ, KAREN A  
Address: 6651 WEDGEWOOD AVE.  
City-St-Zip: DAVIE, FL 33331

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN A. BONAWITZ

STD

04/23/2003

Electronic Signature of Signing Officer or Director

Date