

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90873 006 ***158.75

NR5740 AV

DOCUMENT # P0000055028

1. Entity Name
SALVATORE J. SALOMONE, INC.

Principal Place of Business

**5397 HARRIET PL
 WEST PALM BEACH FL**

Mailing Address

**5397 HARRIET PL
 WEST PALM BEACH FL**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5397 Harriet Pl

Suite, Apt. #, etc.

West Palm Beach FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **65-1019911**

Applied For
 Not Applicable

Zip

Country

33407

Palm Beach

Zip

Country

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

**SALOMONE, SALVATORE J
 5397 HARRIET PL
 WEST PALM BEACH FL**

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 _____

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, 2002 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 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALOMONE, SALVATORE J 5397 HARRIET PL WEST PALM BEACH FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-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)(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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Salvatore J. Salomone*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02
 Date

Daytime Phone #

CR2E034 (9/01)