

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90064 036 ***150.00

0320422 AV

DOCUMENT # P00000095168

1. Entity Name

SALMON TRUCKING, INC.

Principal Place of Business

Mailing Address

~~4201 NW 18TH STREET #206~~
~~LAUDERHILL FL 33313~~

~~X 7740 NW 50TH STREET #202~~
~~LAUDERHILL FL 33351~~

2. Principal Place of Business

7740 NW 50th Street

3. Mailing Address

202

Suite, Apt. #, etc.

Lauderhill, FL 33351

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1050787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALMON, SEDRICK G

~~4201 NW 18TH STREET #206~~
~~LAUDERHILL FL 33313~~

7740 NW 50th Street # 202
Lauderhill, FL 33351

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 **PD** ☐ Delete
NAME **SALMON, SEDRICK G**
STREET ADDRESS ~~4201 NW 18TH STREET #206~~
CITY-ST-ZIP ~~LAUDERHILL FL 33313~~

☒ Change ☐ Addition
NAME **Sedrick Salmon P/D**
STREET ADDRESS **7740 NW 50th St. # 202**
CITY-ST-ZIP **Lauderhill, FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sedrick Salmon Pres.

4/8/02 954-465-0988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)