

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90092 039 ***150.00

DOCUMENT #

1. Entity Name

P00 000095168

Salmon Trucking, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7740 NW 50th AT

3. Mailing Address

Suite, Apt. #, etc.

#202

Suite, Apt. #, etc.

City & State

Lauderhill FL

City & State

Zip

Country

Zip

Country

33351

Broward

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

✓
20028588

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Sedrick Salmon

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

7740 NW 50th St.

#202

City

Lauderhill

FL

Zip Code

33351

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

Sedrick Salmon

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/4/06

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director Sedrick Salmon 7740 NW 50th St. # 202 Lauderhill, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sedrick Salmon

Sedrick Salmon, Pres.

4/4/06 954-741-4330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #