

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90210 005 ***150.00

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DOCUMENT # P00000104187

1. Entity Name

SALT RUN TAVERN, INC.



Principal Place of Business

57 COMARES AVE.

ST. AUGUSTINE FL 32080

Mailing Address

57 COMARES AVE. ✓

ST. AUGUSTINE FL 32080

2. Principal Place of Business

604 ANASTASIA BLVD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

Zip

32080

Country

U.S.A.

Country

4. FEI Number

59-3679960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ZAPPA, LOUIS

12 AVISTA CIRCLE

ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

DAVID M. PONCE

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

57 COMARES AVENUE

City

ST. AUGUSTINE

FL

Zip Code

32080

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

P
NAME PONCE, DAVID M
STREET ADDRESS 57 COMARES AVE.
CITY-ST-ZIP ST. AUGUSTINE FL 32080

TITLE ☐ Delete

STVP
NAME PONCE, JR, JAMES A
STREET ADDRESS 57 COMARES AVE.
CITY-ST-ZIP ST. AUGUSTINE FL 32080

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. PONCE 4-29-03

Date

904/829-8646

Daytime Phone #

CR2E034 (10/02)