

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 22 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name **SAL ENTERPRISES, INC**
P 00000106532

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **Hillsboro**
TAMPA / Florida County
Suite, Apt. #, etc.

3. Mailing Address
9113 - Egret Cove Circle
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
RIVERVIEW / FL.

Zip Country
33569 USA.

4. FEI Number
59-3681-814

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Robert C Lyon**
Street Address (P.O. Box Number is Not Acceptable)
9113 - Egret Cove Circle
City **RIVERVIEW** FL Zip Code **33569**

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 **Robert C Lyon** **Robert C. Lyon** **10-18-02**
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)

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

<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>PRESIDENT Robert C. Lyon 9113 - Egret Cove Circle RIVERVIEW / FL 33569</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>VICE-PRESIDENT Sherry M. Lyon 9113 - Egret Cove Circle RIVERVIEW / FL 33569</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p>000008545960 10/23/02--01054--002 **150.00</p>
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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: **Robert C Lyon** **Robert C. Lyon** **10-18-02** **813/620-0799**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)