

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

DOCUMENT #

1. Entity Name

SAL ENTERPRISES, INC  
P 00000106532

FILED

02 OCT 22 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Hillsboro  
TAMPA/FLORIDA COUNTY

3. Mailing Address

9113 - Egret Cove Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

RIVERVIEW/FL.

4. FEI Number

59-3681-814

Applied For

Not Applicable

Zip

Country

USA

Zip

33569

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

**DO NOT WRITE  
IN THIS SPACE**

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)

10-18-02  
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 Robert C. Lyon 9113 - Egret Cove Circle RIVERVIEW/FL 33569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT Sherry M. Lyon 9113 - Egret Cove Circle RIVERVIEW/FL 33569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000008545960 10/23/02--01054--002 **150.00
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-02 813/620-0799

CR2E034B (12/01)