

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109535

1. Entity Name

KRISTINA SALOMON, P.A.

Principal Place of Business

963 CATALINA RD.
ST. AUGUSTINE FL 32086

Mailing Address

963 CATALINA RD.
ST. AUGUSTINE FL 32086

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALOMON, KRISTINA
963 CATALINA RD.
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name KRISTINA SALOMON

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

1128 ALCALA DR.

City ST. AUGUSTINE

FL

Zip Code 32086

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, 2001 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

TITLE NAME ☐ Delete

P
SALOMON, KRISTINA
963 CATALINA RD.
ST. AUGUSTINE FL 32086

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE:

Kristina Salomon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90159 009 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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