

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110546

1. Entity Name

OEC BUSINESS INTERIORS, INC.

**FILED**  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91123 015 \*\*\*150.00

Principal Place of Business

2393 SW COLLEGE ROAD  
OCALA FL 34474

Mailing Address

2393 SW COLLEGE ROAD  
OCALA FL 34474

2. Principal Place of Business

3. Mailing Address

1601 N. W. 80 Boulevard 1601 N. W. 80 Blvd  
Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32606

Country

USA

Zip

32606

Country

USA

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

7. Name and Address of New Registered Agent

SALTER, JAMES D  
703 N.E. FIRST STREET  
GAINESVILLE FL 32601

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME SALTER, WILLIAM E., JR.  
STREET ADDRESS 2345 N WATSEEDGE DRIVE  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME SALTER, DAVID P.  
STREET ADDRESS 411 S. W. 117th STREET  
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME SALTER, HELEN  
STREET ADDRESS 2345 N WATSEEDGE DRIVE  
CITY-ST-ZIP CRYSTAL RIVER FL 32608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Zip Code 34429

TITLE T ☐ Delete  
NAME SALTER, VICKI  
STREET ADDRESS 411 SW 117th STREET  
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 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 P. Salter 04-25-01

Date

(352) 332-1192

Daytime Phone #

CR2E034 (10/00)

0011443