

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-01-2002 90168 017 \*\*\*150.00

**DOCUMENT # P01000009112**

1. Entity Name

**SALARIO INVESTMENTS, INC.**

Principal Place of Business

**3639 BERGER RD  
LUTZ FL 33549**

Mailing Address

**3639 BERGER RD  
LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3639 BERGER RD**  
Suite, Apt. #, etc.

3. Mailing Address

**3639 BERGER RD**  
Suite, Apt. #, etc.

City &amp; State

**LUTZ, FL.**

City &amp; State

**LUTZ, FL.**

4. FEI Number

**59-3700602**

Applied For

Not Applicable

Zip

**33548**

Country

**USA**

Zip

**33548**

Country

**USA**5. Certificate of Status Desired ☐**\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

**MARTINO, THOMAS ESO  
1602 N FLORIDA AVE  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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

SIGNATURE

*Sam J. Salario*

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SALARIO, SAM J<br/>3639 BERGER RD<br/>LUTZ FL 33549</b>                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VICE PRESIDENT<br/>KRISTIN SALARIO<br/>10605 ASHLEIGH WOOD CT.<br/>TAMPA, FL 33626</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                           | <input type="checkbox"/> Delete |

|                                                |                                                                           |                                                                              |
|------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT<br/>SAM J. SALARIO<br/>3639 BERGER RD<br/>LUTZ, FL 33549</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

*Sam J. Salario*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SAM J. SALARIO****813-761-7699**

Daytime Phone #

CR2034 (4/02)

Attachment

7/30/02

41554

DEAR SIR:

#PD1000009112

I AM SENDING THE ENCLOSED 2002  
UNIFORM BUSINESS REPORT & \$150.00 FILING  
FEE - I DID NOT RECEIVE A FILING FORM  
PRIOR TO THE ONE ENCLOSED.

I HOPE THIS IS SATISFACTORY - THANKING  
YOU IN ADVANCE —

YOURS VERY TRULY,  
Sam J. Salario  
SALARIO INVESTMENTS, INC.