

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91217 002 \*\*\*150.00

**DOCUMENT # P01000033039**

**1. Entity Name**  
**SALTER & SALTER PROPERTY, INC.**



**Principal Place of Business**  
**1304 E WILDER**  
**TAMPA FL 33603**

**Mailing Address**  
**1304 E WILDER**  
**TAMPA FL 33603**

11005449



**2. Principal Place of Business**  
**1304 E Wilder**

**3. Mailing Address**  
**1304 E Wilder**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **59-3717251**

☒ **Applied For**  
☐ **Not Applicable**

Zip **33603**

Country

Zip

**33603**

Country

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

**6. Name and Address of Current Registered Agent**

**SALTER, SHARON**  
**1304 E WILDER**  
**TAMPA FL 33603**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ **Delete**  
**NAME** **SALTER, CLEAM**  
**STREET ADDRESS** **1304 E WILDER**  
**CITY-ST-ZIP** **TAMPA FL 33603**

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

**TITLE** **VD** ☐ **Delete**  
**NAME** **SALTER, BRIAN**  
**STREET ADDRESS** **1304 E WILDER**  
**CITY-ST-ZIP** **TAMPA FL 33603**

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

**TITLE** **D** ☐ **Delete**  
**NAME** **SALTER, SHARON**  
**STREET ADDRESS** **1304 E WILDER**  
**CITY-ST-ZIP** **TAMPA FL 33603**

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

**12. 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 10 or Block 11 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**

Date

Daytime Phone #

CP2E034 (10/02)