

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90155 041 \*\*\*150.00

DOCUMENT # P01000033256

1. Entity Name

~~SALTWHISLITE, INC.~~

SALTWHISTLE, INC

← Misspelled  
 When input!

Principal Place of Business

1743-B SOUTH 8TH STREET  
 FERNANDINA BEACH FL 32034

Mailing Address

1743-B SOUTH 8TH STREET  
 FERNANDINA BEACH FL 32034

2. Principal Place of Business

1118-B South 14th St.

Suite, Apt. #, etc.

3. Mailing Address

1118-B South 14th St.

Suite, Apt. #, etc.

City & State

Fernandina Beach FL

City & State

Fernandina Beach FL

4. FEI Number

59-3707760

Applied For

Not Applicable

Zip

32034

Country

USA

Zip

32034

Country

USA

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PETERS, ROBERT L  
 311 CENTRE STREET SUITE 204  
 FERNANDINA BEACH FL 32034

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.

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, 2002 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JONES, KAREN A	1743-B SOUTH 8TH STREET	FERNANDINA BEACH FL 32034	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D/P	Jones, Karen A	1118-B South 14th St.	Fernandina Beach, FL 32034	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Jones, Hoel E	1118-B South 14th St	Fernandina Beach FL 32034	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Karen A Jones*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 904-491-0800  
 Date Daytime Phone #

CR2E034 (9/01)