

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

05-13-2002 90153 023 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P01000051428*

1. Entity Name

SALZER'S PAVING ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

840 S. EDGEWOOD

Suite, Apt. #, etc.

3. Mailing Address

2620 NW 115 TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

CORAL SPRINGS FL

4. FEI Number

59-3722157

Applied For

Not Applicable

Zip

32205

Country

Zip

33065

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required -

7. Name and Address of Current Registered Agent

Name

E.A. SALZER, JR.

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

2325 LIMRICK COURT

City

MIDDLEBURG

FL

Zip Code

32068

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
<i>DIRECTOR</i>	<i>E.A. SALZER, SR.</i>	<i>2620 NW 115 TERRACE</i>	<i>CORAL SPRINGS FL 33065</i>
<i>PRESIDENT</i>	<i>E.A. SALZER, JR.</i>	<i>2325 LIMRICK COURT</i>	<i>MIDDLEBURG FL 32068</i>

**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)