

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90341 002 \*\*\*150.00

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**DOCUMENT # P01000060091**

1. Entity Name  
**EDWARD W. SALVATO, P.A.**

Principal Place of Business <b>14425 DOVER FOREST DR ORLANDO FL 32828</b>	Mailing Address <b>14425 DOVER FOREST DR ORLANDO FL 32828</b>
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2. Principal Place of Business <b>318 ENGLISH LAKE DR</b>	3. Mailing Address <b>318 ENGLISH LAKE DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>WINTER GARDEN FL</b>	City & State <b>WINTER GARDEN FL</b>	4. FEI Number <b>59-3724310</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34787</b>	Country <b>ORANGE</b>	Zip <b>34787</b>	Country <b>ORANGE</b>

6. Name and Address of Current Registered Agent <b>SALVATO, EDWARD W 14425 DOVER FOREST DR ORLANDO FL 32828</b>		7. Name and Address of New Registered Agent Name <b>EDWARD W. SALVATO</b> Street Address (P.O. Box Number is Not Acceptable) <b>318 ENGLISH LAKE DR</b> City <b>WINTER GARDEN</b> <b>FL</b> Zip Code <b>34787</b>	
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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 *Edward W. Salvato* **EDWARD W. SALVATO**  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SALVATO, EDWARD W</b> <b>14425 DOVER FOREST DR</b> <b>ORLANDO FL 32828</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>D</b> <b>EDWARD W SALVATO</b> <b>318 ENGLISH LAKE DR.</b> <b>WINTER GARDEN, FL 34787</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Edward W. Salvato* **EDWARD W. SALVATO** **4-30-02** **407-877-4469**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)