

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90337 015 \*\*\*150.00

**DOCUMENT # P01000060302**

**1. Entity Name**  
**CINDEE SALLEE ENTERPRISES, INC.**

**Principal Place of Business**

**2569 CORBUSIER DR  
 MELBOURNE FL 32935**

**Mailing Address**

**2569 CORBUSIER DR  
 MELBOURNE FL 32935**

**2. Principal Place of Business**

**441 N. Harbor City Blvd # A17  
 Suite, Apt. #, etc. A17**

**3. Mailing Address**

**441 N. Harbor City Blvd # A17  
 Suite, Apt. #, etc. A17**

**City & State  
 Melbourne, FL**

**Zip  
 32935**

**Country  
 USA**

**City & State  
 Melbourne, FL**

**Zip  
 32935**

**Country  
 USA**

**4. FEI Number**

**59-3736485**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

**\$8.75 Additional  
 Fee Required**

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

**SALLEE, CYNTHIA  
 2569 CORBUSIER DR  
 MELBOURNE FL 32935**

**7. Name and Address of New Registered Agent**

**Name  
 Cynthia Sallee  
 Street Address (P.O. Box Number is Not Acceptable)  
 441 N. Harbor City Blvd.  
 # A17  
 City  
 Melbourne FL Zip Code  
 32935**

**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** *Cynthia Sallee*  
 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**

**TITLE** *President* ☐ Delete  
**NAME** *Cynthia Sallee*  
**STREET ADDRESS** *441 N. Harbor City Blvd # A17*  
**CITY-ST-ZIP** *Melb. FL 32935*

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

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

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**CITY-ST-ZIP**

CR2E034 (4/02)

**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:**

*Cynthia Sallee* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-5-02**

Date

**321-255-3871**

Daytime Phone #

Attachment

P01000060302

7-5-02

Attn: Department of State

Enclosed is my UBR. Please note that due to address change, I did not receive the original request. I have enclosed my check for the 150.00 fee.

  
Cynthia Sallee

Doc P01000060302  
Cindee Sallee Enterprises, Inc.  
321-255-3871

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