

FILED
Mar 11, 2003 8:00 am
Secretary of State

01-13-2003 90357 025 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000030525

1. Entity Name
SALVATORE'S, INC.



Principal Place of Business
8022 LAKE NELLIE RD
CLERMONT FL 34711

Mailing Address
8022 LAKE NELLIE RD
CLERMONT FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
03-0416921

Applied For
 Not Applicable

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

6. Name and Address of New Registered Agent

OBRIEN, ELWOOD M
700 ALMOND ST
CLERMONT FL 34711

Name

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

City

FL

Zip Code

7. 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, Title or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required only if necessary

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

8. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. CONDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TIRRE, JEAN	8022 LAKE NELLIE RD	CLERMONT FL 34711	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Secretary / Treasurer	Anthony C. Torre Jr.	6004 CR 561	CLERMONT FL 34711	<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, 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 files answered.

SIGNATURE: SIGNATURE REQUIRED Tim

1/7/03 787-791-4505

for MFC - Jean Tirre 3/4/03

C PERIOD 11/0/02