

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90035 021 ***150.00

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DOCUMENT # P02000032846

1. Entity Name
SALONICS, INC.



Principal Place of Business
**955 S CONGRESS AVE.
117
DELRAY BEACH FL 33445**

Mailing Address
**955 S CONGRESS AVE.
117
DELRAY BEACH FL 33445**



2. Principal Place of Business

955 SOUTH CONGRESS AVENUE

Suite, Apt. #, etc.

SUITE 117, BUILDING B

City & State

DELRAY BEACH

Zip

33445

Country

USA

3. Mailing Address

955 SOUTH CONGRESS AVENUE

Suite, Apt. #, etc.

SUITE 117, BUILDING B

City & State

DELRAY BEACH

Zip

33445

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

37-1426236

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NODEN, ANN
955 S CONGRESS AVE
117
DELRAY BEACH FL**

7. Name and Address of New Registered Agent

**Adler, Mitchell D
2021 Tyler Street
Hollywood FL 33020**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

11. 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

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGLINA NODEN REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03

561 272 9272

Date

Daytime Phone #

CR2E034 (10/02)