2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000061070 **DOCUMENT#**



FILED Mar 13, 2003 8:00 am Secretary of State

1. Entity Nan SALMON	TELECTRICAL, INC.		ļ			03-13-2003	90095 005	***158.	.75
Principal Place 944 LAUREL F N PALM BCH		Mailing Address 944 LAUREL RD N PALM BCH FL 33408	<u>'</u>						
2. Principal F	Place of Business	3. Mailing Address			!				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE	IF MAKING C	CHANGES	
City & State		City & State							oplied For ot Applicable
Zip	Country	Zip	Countr	у	5. Certifica	ate of Status Desired		8.75 Add ee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name a	nd Address of New R	egistered Ag	ent	
CALMON				Name		1			
SALMON, DIANE 944 LAUREL RD				Street Addres	s (P.O. Box Nun	nber is Not Acceptable))		
N PALM B	3CH FL 33408		-	City Zip Code				Α	
8. The above named entity submits this statement for the purpose of changing its regist				r _L :					
the obligat	itions of registered agent.		-	_	-				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (No	OTE: Registered /	Agent signature requ	ired when reinstating)		DATE		
the state of the s	ILE NOW!!! FEE IS \$150.00								
	r May 1, 2003 Fee will be \$550.00 k Payable to Fforida Department (I	Election Campaign Fir Trust Fund Contributio			May Be to Fees
	k Payable to Florida Department	of State	11.			Trust Fund Contributio	n.	Added	to Fees
Make Check 10.	k Payable to Fforida Department of OFFICERS AND	D DIRECTORS	11.		ADDITION		n. D	Added	S IN 11
Make Check 10.	k Payable to Fforida Department of OFFICERS AND	of State	TITLE	P,	ADDITION	Trust Fund Contributio	n. D	Added	to Fees
Make Check 10. TITLE NAME	k Payable to Fforida Department of FICERS AND DESALMON, RICHARD	D DIRECTORS	TITLE	ADDRESS SO	ADDITION	Trust Fund Contributio	n. D	Added	S IN 11
Make Check 10. TITLE NAME STREET ADDRESS	OFFICERS AND SALMON, RICHARD 944 LAUREL RD	D DIRECTORS	TITLE NAME STREET	ADDRESS 9	ADDITION	Trust Fund Contributions/CHANGES TO OFF	ICERS AND D	Added	S IN 11
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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: