

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90119 022 \*\*\*150.00

DOCUMENT # P02000102424



1. Entity Name  
S.A.L.T. PAYROLL CONSULTANTS, INC.

Principal Place of Business  
202 6TH STREET EAST  
TIERRA BERDE FL 33715

Mailing Address  
202 6TH STREET EAST  
TIERRA BERDE FL 33715



2. Principal Place of Business  
4350 W. Cypress St.  
Suite, Apt. #, etc.  
725

3. Mailing Address  
1120 Pinellas Bayway  
Suite, Apt. #, etc.  
208

CHECK HERE IF MAKING CHANGES

City & State  
Tampa, FL

City & State  
St. Petersburg FL 33715

4. FEI Number  
16-1631270

Applied For  
 Not Applicable

Zip  
33607

Country  
USA

Zip  
33715

Country  
USA

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

6. Name and Address of Current Registered Agent

KALLAN, JEFFREY J  
150 SECOND AVE N STE 1100  
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name  
Kevin J. Caprock  
Street Address (P.O. Box Number is Not Acceptable)  
1120 Pinellas Bayway S., #208  
City  
St. Petersburg FL Zip Code  
33715

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 *Kevin J. Caprock*

Kevin J. Caprock, Pres.

X 1/6/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CAPROCK, KEVIN	202 6TH STREET EAST	TIERRA BERDE FL 33715	<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
		1120 Pinellas Bayway Suite 208	St. Petersburg, FL 33715	<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"/>

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: *Kevin J. Caprock* REQUIRED *Caprock*

1/6/03

727 906-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)