

**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	D CAPROCK, KEVIN 202 6TH STREET EAST TIERRA BERDE FL 33715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1120 Pinellas Bayway Suite 208 St. Petersburg, FL 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)