

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000002530

1. Entity Name  
SAULSBURY, INC



Principal Place of Business  
7128 NW 14TH AVE.  
GAINESVILLE, FL 32605

Mailing Address  
636 WASHINGTON ST.  
GENEVA, NY 14456

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09272007

REIN-P

CR2E098 (1/07)

4. FEI Number  
20-2381291

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAULSBURY, RICHARD  
7128 NW 14TH AVE.  
GAINESVILLE, FL 32605

Name

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

City

FL

Zip Code

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 \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete  
NAME SAULSBURY, RICHARD  
STREET ADDRESS 7128 NW 14TH AVE.  
CITY - ST - ZIP GAINESVILLE, FL 32605

TITLE ☐ Change ☐ Addition  
NAME 900111450689  
STREET ADDRESS 10/29/07--01046--016 \*\*750.00  
CITY - ST - ZIP

TITLE VPT ☐ Delete  
NAME SAULSBURY, HEATHER  
STREET ADDRESS 7128 NW 14TH AVE.  
CITY - ST - ZIP GAINESVILLE, FL 32605

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2007 OCT 29 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

