## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 05, 2001 8:00 am **Secretary of State** DOCUMENT # 5 1. Entity Name 07-05-2001 90003 001 \*\*\*550.00 Salisbury Sales Corp. Principal Place of Business Mailing Address 555 Broadhollow Road 10500 Ulmerton Road East Suite 340 Suite 305 A0075750 33771 Melville, NY 11747 Largo, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 45-0275387 Not Applicable Zip Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_ 1201 Hays Street Suite 105 - Tallahassee, FL Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and little if applicable 9. This corporation is eligible to satisfy its Intangible 16. Election Campaign Financing \$5.00 May Be ter MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President TIFLE Delete TITLE Chance ☐ Addition NAME NAME Warren Kiersh STREET ADDRESS STREET ADDRESS 555 Broadhollow Road Suite 305 CITY-ST-ZIP CTY-ST-789 Melville NY 11747 TITLE ☐ Delete TIME ☐ Chance ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Detete ME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY;ST-ZIP CITY-ST-78P ☐ Delete IIII F TITLE ☐ Change Addition NAME MALEF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP TITLE Defete TITLE Change ☐ Addition MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empower

CITY-ST-ZIP

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

OR DIRECTOR

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