

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91195 023 ***150.00

DOCUMENT # P930000704 94

1. Entity Name

T, The Salad Werks, Inc.

674927

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2560 39th St., S.W.

3. Mailing Address

402 E. Pelican Street

Suite, Apt. #, etc.

Naples, FL

Suite, Apt. #, etc.

City & State

Isles of Capri, FL

4. FEI Number

65-0455654

Applied For

Not Applicable

City & State

Naples, FL

Zip

33999

Country

USA

Zip

34113

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Carmignani, A. Wayne

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

41 E. Pelican Street

City

Isles of Capri

FL

Zip Code
34113

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PS
NAME	Carmignani, Angelo B.
STREET ADDRESS	5802 Glen Cove, Apt. 308
CITY-ST-ZIP	Naples, FL 33963
TITLE	VT
NAME	Carmignani, A. Wayne
STREET ADDRESS	41 E. Pelican Street
CITY-ST-ZIP	Isles of Capri, FL 34113
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)