## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

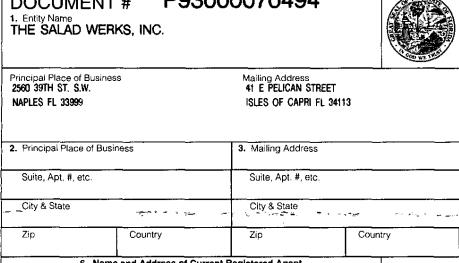


01-31-2003 90145 026 \*\*\*150.00

**FILED** 

Jan 31, 2003 8:00 am Secretary of State

DOCUMENT #	P93000070494	
THE SALAD WERKS,	INC.	



☐ CHECK HERE IF MAKING CHANGES

City & State	approximate the second	City & State	· - compare the contract of th	4. FEI Number 65-0455654	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. N	lame and Address of Currer	nt Registered Agent	<del></del>	7. Name and Address of New Re	gistered Agent
CARMIGNANI, A. WAYNE 41 E PELICAN STREET		Name Street Addres	ss (P.O. Box Number is Not Acceptable)		
ISLES OF CAPRI	FL 34113		City		<b>⊏</b> I Zip Code

8	. The above named entity submits this statement for the purpose of changing its registered	d office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if ap	plicable
FILE NOW!!! FEE IS \$150.00	
After May 1, 2003 Fee will be \$550.00	

SIGNATURE

	9. Election Campaign Finance

Trust Fund Contribution

\$5.00	May	В
Added to	Fees	š

Make Chec	k Payable to Florida Department of State				_ /10000	
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CARMIGNANI, ANGELO B 5802 GLEN COVE APT. 308 NAPLES FL 33963	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARMIGNANI, A W 41 E PELICAN STREET ISLES OF CAPRI FL 34113	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ييرميد يادي	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CUTY-ST-7IP		☐ Change	☐ 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 employered 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

**SIGNATURE:**