2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000071612

1. Entity Name
SALH INC. OF VOLUSIA

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90368 013 ***150.00

Principal Place of Business	Mailing Address
975 GOLF AVE. ORMOND BCH. FL 32174-7334 US	474 LEEWAY TRAIL ORMOND BCH. FL 32174-7334 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1178 S. NOVA ROAD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORMOND BEACH, FL	City & State
Zip: 32174 — Country: U.S.A.	Zip — Country

4. FEI Number 59-3239154 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALH, MALKIT
474 LEEWAY TRAIL
ORMOND BEACH FL 32174-2563

7. Name and Address of New Registered Agent

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.

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD SALH, MALKIT 474 LEEWAY TRAIL ORMOND BEACH FL 32174-2563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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 empowered.

SIGNATURE: X [signature] MALKIT SALH 4/23/01 (386) 677-0160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #