

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91262 030 \*\*\*150.00

**DOCUMENT # P93000080756**

1. Entity Name  
**SALE RACK, INC.**

Principal Place of Business

**4393 COMMERCIAL WAY  
 SPRING HILL FL 34606  
 US**

Mailing Address

**P.O. BOX 640004  
 BEVERLY HILLS FL 34464  
 US**

2. Principal Place of Business

**1010 Bichard Blvd**

Suite, Apt. #, etc.

3. Mailing Address

**312 S. Dixie Ave**

Suite, Apt. #, etc.

City & State

**The Villages, FL**

Zip

**32159**

Country

**LAKE**

City & State

**Fruitland Park, FL**

Zip

**34731**

Country

**LAKE**

4. FEI Number

**59-3212159**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LAPERLE, JOHN**

**1530 N. MARLBOROUGH LOOP  
 CRYSTAL RIVER FL 34429**

*New  
 Address*

7. Name and Address of New Registered Agent

Name

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

**312 So Dixie Ave**

City

**Fruitland Park**

**FL**

Zip Code

**34731**

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

*John Laperle*

**1-16-02**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAPERLE, JOHN 1530 N. MARLBOROUGH LOOP CRYSTAL RIVER FL 34429</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President John Laperle 312 S. Dixie AV Fruitland Park, FL 34731</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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:

*John Laperle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-16-02**

Date

Daytime Phone #

**352  
 314-3009**