

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000006571**1. Entity Name
SALTY DOG ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2920 W EL PRADO BLVD BAYSHORE WALK #5 TAMPA 336298959 US	2920 W ELPRADO BLVD BAYSHORE WALK #5 TAMPA 336298959 US

2. Principal Place of Business	3. Mailing Address
4664 BARSDALE DRIVE	4664 BARSDALE DRIVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
PALM HARBOR FL	PALM HARBOR FL

Zip	Country	Zip	Country
346852605	US	346852605	US

4. FEI Number	Applied For
59-3382395	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentJEFFRIES C. COLE JR.
2920 W ELPRADO BLVD #5

TAMPA
33629
US**7. Name and Address of New Registered Agent**

Name
JEFFRIES C. COLE JR.
Street Address (P.O. Box Number is Not Acceptable)
4664 BARSDALE DRIVE
City
PALM HARBOR
FL
Zip Code
346852605

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 _____ **01/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSD			<input type="checkbox"/> Delete
	JEFFRIES C. COLE JR.	2920 W ELPRADO BLVD #5	TAMPA FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	VPDT			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	O'HARA-JEFFRIES MICHELE A	4664 BARSDALE DRIVE	PALM HARBOR FL 346852605	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	PSD			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	JEFFRIES C. COLE JR.	4664 BARSDALE DRIVE	PALM HARBOR FL 346852605	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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 empowered.

SIGNATURE: C. Cole Jeffries, Jr.

PSD

01/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)