

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096061

1. Entity Name

SALTY SUN INC.

FILED

Apr 13, 2000 8:00 am  
Secretary of State

04-13-2000 90043 049 \*\*\*150.00

Principal Place of Business 600 OAK ST BLDG 3F PORT ORANGE FL 32127 US	Mailing Address 600 OAK ST BLDG 3F PORT ORANGE FL 32127-4364 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 176 GODFREY RD. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State EDGEWATER, FL	4. FEI Number 59-3414928	Applied For <input type="checkbox"/> Not Applicable
Zip 32141	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FULFORD, FLOYD L 176 GODFREY RD EDGEWATER FL 32141	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULFORD, FLOYD L 176 GODFREY RD PORT ORANGE FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDGEWATER, FL 32141 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: FLOYD L. FULFORD 4/10/00 904 428 2922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/95)