

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90222 013 ***150.00

DOCUMENT # P96000101727

1. Entity Name
C. JOHN DE SALVO, P.A.



Principal Place of Business
**333 N.W. 3RD AVENUE
OCALA FL 34475**

Mailing Address
**P.O. BOX 5001
OCALA FL 34478**

2. Principal Place of Business
1515 E. SILVER SPRINGS BLVD

3. Mailing Address
1515 E. SILVER SPRINGS BLVD.

Suite, Apt. #, etc.
SUITE 105

Suite, Apt. #, etc.
SUITE 105

City & State
OCALA, FL

City & State
OCALA, FL

Zip
34470

Country
MARION

Zip
34470

Country
MARION

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3416565**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE SALVO, C. JOHN
7084 SW 116TH LOOP
OCALA FL 34476**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **C. John De Salvo**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTS** ☐ Delete
NAME **DE SALVO, JOHN C**
STREET ADDRESS **7084 SW 116TH LOOP**
CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PVTS** ☐ Delete
NAME **DE SALVO, C. JOHN**
STREET ADDRESS **7084 SW 116TH LOOP**
CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 empowered 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 address, with all other like empowered.

SIGNATURE: **C. John De Salvo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **2/21/03** (332)
Daytime Phone # **232-6700**

CR2E034 (10/02)