

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90139 037 \*\*\*150.00

**DOCUMENT # P97000012830**

**1. Entity Name**  
**SALGIN INVESTMENTS, INC.**

**Principal Place of Business**  
**821 FIFTH AVENUE SOUTH**  
**SUITE 201**  
**NAPLES FL 34102**

**Mailing Address**  
**821 FIFTH AVENUE SOUTH**  
**SUITE 201**  
**NAPLES FL 34102**

00014114



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-3427062**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NOVATT, JEFF M**  
**821 FIFTH AVENUE SOUTH**  
**SUITE 201**  
**NAPLES FL 34102**

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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
 NAME DP  
 STREET ADDRESS GINIC, NICOLE  
 CITY-ST-ZIP ~~3838 TAMiami TR N. STE 300~~  
~~NAPLES FL 34103~~

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 821 FIFTH AVENUE SOUTH, SUITE 201  
 CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Delete  
 NAME S  
 STREET ADDRESS VALERA, LUIS  
 CITY-ST-ZIP ~~3838 TAMiami TR N. STE 300~~  
~~NAPLES FL 34103~~

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 821 FIFTH AVENUE SOUTH, SUITE 201  
 CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS GINIC, SILVIA  
 CITY-ST-ZIP ~~3838 TAMiami TR N. STE 300~~  
~~NAPLES FL 34103~~

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 821 FIFTH AVENUE SOUTH, SUITE 201  
 CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Delete  
 NAME VPAS  
 STREET ADDRESS NOVATT, JEFF M  
 CITY-ST-ZIP 821 FIFTH AVENUE SOUTH, SUITE 201  
 NAPLES FL 34102

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

**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:**

*Jeff M. Novatt* Vice President / Assistant Secretary 1/11/02 (941) 261-9300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)