

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012830

1. Entity Name
SALGIN INVESTMENTS, INC.



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

01-24-2003 90090 033 ***150.00

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

Mailing Address
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES FL 34102

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 DP
NAME GINIC, NICOLE
STREET ADDRESS 821 FIFTH AVENUE S STE 201
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

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

TITLE S
NAME VALERA, LUIS
STREET ADDRESS 821 FIFTH AVENUE SOUTH STE 201
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

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

TITLE T
NAME GINIC, SILVIA
STREET ADDRESS 821 FIFTH AVENUE SOUTH STE 201
CITY-ST-ZIP NAPLES FL 34102 ☒ Delete

TITLE T
NAME MICHALUP, GABRIEL
STREET ADDRESS 821 FIFTH AVENUE SOUTH STE 201
CITY-ST-ZIP Naples FL 34102 ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 239-261-9300
Date Daytime Phone #

CR2E034 (10/02)