

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90320 011 ***158.75

DOCUMENT # P97000022314

1. Entity Name
SALESREPS, INC.



Principal Place of Business
**208 E ALFRED ST
TAVARES FL 32778-3240
US**

Mailing Address
**1000 N LAKESHORE BLVD
HOWEY IN THE HILLS FL 34737
US**



2. Principal Place of Business
1000 N LAKESHORE BLVD

3. Mailing Address

Suite, Apt. #, etc.
HOWEY IN THE HILLS

Suite, Apt. #, etc.

City & State

City & State

FL

Zip
34737

Country

USA

Zip

Country

4. FEI Number **59-3434784**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASHA, PETER P
106-2 11TH AV E
MT DORA FL 32757**

Name **PASHA, THOMAS A.**

Street Address (P.O. Box Number is Not Acceptable)

1000 N. LAKESHORE BLVD.

City **HOWEY IN THE HILLS FL** Zip Code **34737**

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

4-28-03

**...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 **D** ☐ Delete
NAME **PASHA, ELIZABETH S**
STREET ADDRESS **1000 N LAKESHORE BLVD**
CITY-ST-ZIP **HOWEY IN THE HILLS FL 34737**

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

TITLE **D** ☐ Delete
NAME **PASHA, THOMAS A**
STREET ADDRESS **1000 N LAKESHORE BLVD**
CITY-ST-ZIP **HOWEY IN THE HILLS FL 34737**

TITLE ☒ Change ☐ Addition
NAME **PSTD PASHA, THOMAS A**
STREET ADDRESS **1000 N LAKESHORE BLVD**
CITY-ST-ZIP **HOWEY IN THE HILLS, FL 34737**

TITLE **PSTD** ☒ Delete
NAME **PASHA, PETER P**
STREET ADDRESS **106 2 11T AVE**
CITY-ST-ZIP **MT DORA FL 32757**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

THOMAS A. PASHA

Date

4/28/03 352-324-3689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)