

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028327

1. Entity Name
SALSERV, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90067 034 ***150.00

Principal Place of Business

1214 NE 9TH AVE.
CAPE CORAL FL 33909

Mailing Address

1214 NE 9TH AVE.
CAPE CORAL FL 33909

2. Principal Place of Business

300 LOST LAKE DR

3. Mailing Address

300 LOST LAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID, FL

City & State

LAKE PLACID, FL

4. FEI Number

65-0739760

Applied For

Not Applicable

Zip

33852

Country

USA

Zip

33852

Country

USA

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

SALIBA, TOMMY G

1214 NE 9TH AVE.

CAPE CORAL FL 33909

Name

SALIBA, TOMMY G.

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

300 LOST LAKE DR

City

LAKE PLACID,

FL

Zip Code

33852

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

Tommy G Saliba (TOMMY G. SALIBA - PRES/SALSERV, INC) 030701

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, 2001 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

TITLE ☐ Delete
NAME D
STREET ADDRESS SALIBA, TOMMY G
CITY-ST-ZIP 1214 NE 9TH AVE.
CAPE CORAL FL 33909

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS SALIBA, TOMMY G
CITY-ST-ZIP 300 LOST LAKE DRIVE
LAKE PLACID, FL. 33852

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Tommy G Saliba (TOMMY G SALIBA)

030701

(863-531-0290)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)