

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90147 005 ***150.00

DOCUMENT # **P97000050141**

1. Entity Name

SALT RUN DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5 WILLARD DR.

Suite, Apt. #, etc.

NO. 105

City & State

ST. AUG, FLA.

Zip

32086

Country

ST. JOHNS

3. Mailing Address

5 WILLARD DR.

Suite, Apt. #, etc.

NO. 105

City & State

ST. AUG, FLA.

Zip

32086

Country

ST. JOHNS

DO NOT WRITE IN THIS SPACE

4. FEI Number

593527369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM L. PACE

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

33 COMANES AVE, NO. 301

City

ST. AUGUSTINE

FL

Zip Code

32080

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
WM. L. PACE
33 COMANES AVE NO. 301
ST. AUG, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE-PRES. / SEC-TRES,
D.W. RANDALL
5 WILLARD DR. NO. 105
ST. AUG, FL 32086**

TITLE
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.W. RANDALL

Date

Daytime Phone #

4-29-02

504-6327

CR2034B (12/01)