

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90825 030 ***150.00

DOCUMENT # **P97000052376**

1. Entity Name **SALEN, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **556 WHISPERWOOD DRIVE** 3. Mailing Address **556 WHISPERWOOD DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **LONGWOOD, FLORIDA** City & State **LONGWOOD, FLORIDA**

4. FEI Number **59-3451059**

Applied For
Not Applicable

Zip **32779** Country **SEMINOLE** Zip **32779** Country **SEMINOLE**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MANUEL A. SALAZAR**

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

556 WHISPERWOOD AVE

City **LONGWOOD** FL Zip Code **32779**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PD**
NAME **MANUEL SALAZAR**
STREET ADDRESS **556 WHISPERWOOD DRIVE**
CITY-ST-ZIP **LONGWOOD, FLORIDA 32779-2541**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST**
NAME **LENNARA RITA H**
STREET ADDRESS **556 WHISPERWOOD DRIVE**
CITY-ST-ZIP **LONGWOOD, FLORIDA 32779-2541**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE **RITA H. LEENARA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 407-774-8759

Date Daytime Phone