

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90098 018 \*\*\*150.00

103952

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000088448

1. Entity Name **SALEDEPOT INC**

Principal Place of Business

**417 Southampton Dr**  
**Indianapolis FI 32903**

Mailing Address

**417 Southampton Drive**  
**Indianapolis FI 32903**

2. Principal Place of Business

**417 Southampton Dr**  
Suite, Apt. #, etc.

3. Mailing Address

**417 Southampton Dr**  
Suite, Apt. #, etc.

City & State

**Indianapolis FI**

City & State

**Indianapolis FI**

4. FEI Number

**59-3472527**

Applied For

Not Applicable

Zip

**32903**

Country

**USA**

Zip

**FI 32903**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
Fee Required

6. Name and Address of Current Registered Agent

**Amerilawyer**  
**343 Almeria Ave**  
**Coral Gables, FI 33134**

7. Name and Address of New Registered Agent

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.

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **owner**  
STREET ADDRESS **Phil Rosa**  
CITY-ST-ZIP **347 myrtlewood Dr**  
**melbourne FI 32940**

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  
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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:

**Phil Rosa**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-16-00**

Date

**321-984-991**

Daytime Phone #

CR2E034 (9/99)

#P97600088448

Attachment 103952

To Florida Department of State

I am writing to tell you I never received a UBR form from the Department of State. I proceeded to call on May 2 to request a form. I am writing you stating I never received the form and did request an address change for my business. Please accept my 150.00 as being on time related to when I received my first form.

Thank-You

Sale Depot Inc.

59-3472527