FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
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P97000101447
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0058575

DOCUMENT # P97000101447

1. Entity Name
RepSalt of FL. INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13808 Fairlane	13808 Fairlane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: W. Palm Bch	City & State: W. Palm Bch
Zip: 33414 Country	Zip: 33414 Country

DO NOT WRITE IN THIS SPACE
03-31-02 90338 032 $150.00

4. FEI Number 65-087 1982 — Applied For ☐ Not Applicable ☐

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: George Banks
Street Address (P.O. Box Number is Not Acceptable): 13808 Fairlane
City: W-Palm Bch FL Zip Code: 33414

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 _____ 3-15-02
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	George Banks 13808 Fairlane W-Palm Bch FL 33414
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres/Sec, Treas.
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres.
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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: _____ 3.15.02 561-790-4025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #