2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P9800000530 Jan 19, 2000 8:00 am 1. Entity Name SALTSMAN & ASSOCIATES, P.A. **Secretary of State** 01-19-2000 90101 040 ***150.00 Principal Place of Business Mailing Address POST OFFICE BOX 2146 222 W. COMSTOCK AVENUE WINTER PARK FL 32790-2146 SUITE 210 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 222 S. Pennsylvania Ave Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite 200 4. FEI Number Applied For City & State City & State -59-3485405 - -Winter Park; Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32789 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 22 S. Pennsylvania Ave... SALTSMAN, ROBERT P 222 W. COMSTOCK AVENUE **SUITE 210** Suite 200 WINTER PARK FL 32789 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition D ☐ Delete TITLE ★ Change TITLE NAME SALTSMAN, ROBERT P NAME 222 S. Pennsylvania Ave., Suite 200 STREET ADDRESS STREET ADDRESS 222 W.*COMSTOCK AVENUE CITY-ST-ZIP CITY-ST-ZIP Winter Park, FL 32789 WINTER PARK FL 32789 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 医复数医甲基磺酸 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE • • • • ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.