2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am Secretary of State P98000035343 DOCUMENT # 1. Entity Name SALEM SAXON STRATEGIES, INC. 03-06-2002 90050 009 ***150.00 Principal Place of Business Mailing Address 101 E. KENNEDY BLVD. STE. 3200 101 E. KENNEDY BLVD. STE. 3200 **TAMPA FL 33602 TAMPA FL 33602** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3508643 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent SAXON, BERNICE S Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD. STE. 3200 TAMPA FL 33602 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT TITLE Addition ☐ Defete TITLE ☐ Change SALEM, RICHARD J NAME NAME 101 EAST KENNEDY BOULEVARD SUITE 3200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **TAMPA FL 33602** CITY-ST-ZIP TITLE SDV ☐ Delete TITLE Change ☐ Addition NAME SAXON, BERNICE S NAME STREET ADDRESS 101 EAST KENNEDY BOULEVARD SUITE 3200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 TITLE ____ - Delete -TITLE ___Change____ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

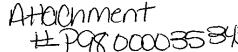
changed, or on an attachment with an address, with all other like empowered. Bernice S. Saxon, V.P. 1/14/02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

CR2E034 (9/01)



SALEM SAXON STRATEGIES, INC.

February 8, 2002

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, FL 32302-1500

Re: Salem Saxon Strategies, Inc./2002 Uniform Business Report

Our File Number: C022252.01

Dear Sir and/or Madam:

Enclosed please find for filing, with the Florida Department of State, the 2002 Uniform Business Report for the above-referenced corporation, as well as a check in the amount of \$150 to cover the filing fees.

If you have any questions in connection with the foregoing, please contact us.

Very truly yours,

.Charlotte.R., Barone !

cb

Enclosures

cc: Bernice S. Saxon

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