

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90050 009 ***150.00

DOCUMENT # P98000035343

1. Entity Name

SALEM SAXON STRATEGIES, INC.

Principal Place of Business

**101 E. KENNEDY BLVD. STE. 3200
TAMPA FL 33602**

Mailing Address

**101 E. KENNEDY BLVD. STE. 3200
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3508643

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SAXON, BERNICE S****101 E. KENNEDY BLVD. STE. 3200
TAMPA FL 33602**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **DPT** ☐ Delete
NAME **SALEM, RICHARD J**
STREET ADDRESS **101 EAST KENNEDY BOULEVARD SUITE 3200**
CITY-ST-ZIP **TAMPA FL 33602**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SDV** ☐ Delete
NAME **SAXON, BERNICE S**
STREET ADDRESS **101 EAST KENNEDY BOULEVARD SUITE 3200**
CITY-ST-ZIP **TAMPA FL 33602**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernice S. Saxon, V.P. 1/14/02 813-222-3200

Date

Daytime Phone #

CR2E034 (9/01)

SALEM SAXON STRATEGIES, INC.

Attachment

P98 000035843

508187

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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