

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086656

1. Entity Name

SAL-LU, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90025 007 ***150.00

Principal Place of Business

Mailing Address

1031 BRADLEY STREET
 FORT PIERCE FL 34982

1031 BRADLEY STREET
 FORT PIERCE FL 34982-3827

2. Principal Place of Business

3. Mailing Address

1031 BRADLEY ST.

1031 BRADLEY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. PIERCE, FL

FT. PIERCE, FL

Zip

Country

Zip

Country

34982

ST. LUCIE

34982

ST. LUCIE

6. Name and Address of Current Registered Agent

4. FEI Number

65-0878722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LAMOS, DAVID M ESQ
 805 DELAWARE AVE
 FORT PIERCE FL 34950

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	P	<input type="checkbox"/> Delete
NAME	HERNDON, KEVIN	
STREET ADDRESS	5910 CASSIA DR.	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MERNDON, JOYCE	
STREET ADDRESS	5514 SPRUCE DR.	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERNDON, ROBERT	
STREET ADDRESS	5514 SPRUCE DR.	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERNDON, JAMIE	
STREET ADDRESS	5910 CASSIA DR	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce A. Herndon VP
 JOYCE A. HERNDON VP

04/25/00 (561) 489-5517
 Date Daytime Phone #