

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90054 038 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000095338**

1. Entity Name

SALZER PAYING, INC.

Principal Place of Business

**#149 ST AUGUSTINE RD
JACKSONVILLE FL 32207**

Mailing Address

**2325 LINRICK COURT
MIDDLEBURG FL 32068**

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 **50-3649036**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SALZER, E. A
2820 NW 115 TERR
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name

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

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 if applicable,

NOTE: Registered Agent signature required when for change.

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 22, 2001 Fee will be \$250.00
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**

TITLE **P** ☐ Delete
NAME **SALZER, EDWARD A**
STREET ADDRESS **2325 LINRICK CT**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **SALZER, EDWARD JR**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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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

Date

Florida Phone #

770563

DO NOT WRITE IN THIS SPACE