

DOCUMENT # P98000100707

1. Entity Name

SALONE CONSULTING GROUP, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90035 021 ***150.00

Principal Place of Business

Mailing Address

4244 W. TENNESSEE ST., STE. 330
TALLAHASSEE FL 32304

4244 W. TENNESSEE ST., STE. 330
TALLAHASSEE FL 32304

2. Principal Place of Business

2040 DELTA WAY
Suite, Apt. #, etc.

3. Mailing Address

2040 Delta way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3545560

Applied For

Not Applicable

Zip 32303

Country

Zip

32303

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALONE, MICHAEL A
4244 W. TENNESSEE ST., STE. 330
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name MICHAEL A. SALONE

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

2040 DELTA WAY

City

Tallahassee

FL

Zip

32303

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

Michael A. Salone

Signature, typed or printed name of registered agent and title if applicable.

MICHAEL A. SALONE

(NOTE: Registered Agent signature required when reinstating)

1/5/01

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, 2001 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

TITLE PO
NAME SALONE, MICHAEL A
STREET ADDRESS 5310 ST IVES LN
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Michael A. Salone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. SALONE

Date

Daytime Phone #

1/5/01 894-8640

CR2E034 (10/00)