## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # P98000108123 Feb 23, 2000 8:00 am 1. Entity Name **Secretary of State** SALTY AVIATION, INC. 02-23-2000 90018 046 \*\*\*150.00 Principal Place of Basiness Mailing Address 275 VELEROS COURT CORAL CABLES FL 33945-0474 275 VELEROS COURT CORAL GABLES FL 33143 **U L X A U U** 2. Principal Place of Business 3. Mailing Address PO BOX 474 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0899484 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired LEE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KELLEY, G. HART -275 VELEROS COURT CORAL GABLES FL 33143 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 GHART FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE Delete KELLEY, G. HART NAME NAME PO BOX 474 STREET ADDRESS 275 VELEROS COURT STREET ADDRESS PINELAND, FL. 33945 CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL 33143 Change ☐ Addition Delete TITLE TITLE NAME KELLEY, MARGARET J NAME PO BOX 474 STREET ADDRESS STREET ADDRESS 275 VELEROS COURT PINELAND, FL. 33945 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33143 Change ☐ Addition ☐ Delete TITLE KELLEY, MARGARET J NAME POBOX 474 .... STREET ADDRESS STREET ADDRESS 275 VELEROS COURT PINELAND, FL. 33945 CITY-ST-ZIP CORAL GABLES FL 33143 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: 2-8-60

Daytime Phone #