FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90327 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001623

1. Entity Name
SALTY'S LOUNGE, INC.

11030253

Principal Place of Business	Mailing Address
4427 NW 36TH ST MIAMI SPRINGS, FL 33166	4427 NW 36TH ST MIAMI SPRINGS, FL 33166

2. Principal Place of Business	3. Mailing Address
	1000 Morningside Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami Springs, FL
Zip / Country	Zip: 33166 / Country: U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0886371 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOGLE, LEWIS H III
1000 MORNING SIDE DR
MIAMI SPRINGS, FL 33166

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FOGLE, LEWIS H III		NAME		
STREET ADDRESS	1000 MORNING SIDE DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FOGLE, VIRGINIA LEE		NAME		
STREET ADDRESS	10415 SW 53RD AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33156		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____ 4/25/03 (305)885-4954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)