## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # P99000035430 Mar 07, 2000 8:00 am **Secretary of State** SALISBURY INVESTMENTS, INC. 03-07-2000 90101 042 \*\*\*150.00 Principal Place of Business Mailing Address 6821 SOUTHPOINT DR. NORTH SUITE 135 6821 SOUTHPOINT DR. NORTH SUITE 135 JACKSONVILLE: FL 32216-6109 JACKSONVILLE FL 32216 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number Not Applicable Country USQ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MURRay LEWIS, MURRAY A JALIS BURY DI 6821 SOUTHPOINT DR. NORTH SUITE 135 JACKSONVILLE FL 32216 ckson Ville, registered agent, 🅶 both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office or 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 0 Z Change TITLE ☐ Delete TITLE 1ew: 5 MURROY A 4319 SALISBURY Rd N LEWIS, MURRAY A MAME NAME 6821 SOUTHPOINT DR. NORTH SUITE 135 STREET ADDRESS STREET ADDRESS 30016 JACKSOM UILLE, FLA CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Addition ☐ Delete TITLE TITLE BLITON, PAUL E NAME NAME 9838 OLD BAYMEADOWS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition \_\_\_ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption state on 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 signed are shall be we 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 produced 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.