

# 2001 UNIFORM BUSINESS REPORT (UBR)

7/1

**FILED**  
**Aug 06, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90111 038 \*\*\*150.00  
 08-06-2001 90002 040 \*\*\*400.00

XXXXXXXXXX



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000043095**

1. Entity Name  
**SALUBRIUM, INC.**

Principal Place of Business  
**1300 OCEAN SHORE BLVD.  
 ORMOND BY THE SEA FL 32176**

Mailing Address  
**1300 OCEAN SHORE BLVD.  
 ORMOND BY THE SEA FL 32176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3577014**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALADINA, BASIL J  
 21 CONCORD DR.  
 ORMOND BY THE SEA FL 32176**

Name **FRANCINE M. PRENATT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1300 OCEAN SHORE BLVD.  
 ORMOND BY THE SEA  
 City FL Zip Code 32176**

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 Francine Prenatt **386-441-5200 7-16-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P PRENATT, FRANCINE 1300 OCAENSHORE BLVD. ORMOND BEACH FL 32176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Francine Prenatt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 20<sup>th</sup> 01 (386) 441-5200  
Date Daytime Phone #

CR2E034 (10/00)