

2001 UNIFORM BUSINESS REPORT (UBR)

01/2/009 A1

10/2

DOCUMENT # **P99000053411**

1. Entity Name
SALAMONE AUTOMOTIVE SERVICE, INC.

FILED

01 OCT -8 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4070 NE 47TH ST.
OCALA FL 34479**

Mailing Address
**4070 NE 47TH ST.
OCALA FL 34479**

2. Principal Place of Business
1723 NE 23rd Terrace

3. Mailing Address
1723 NE 23rd Terrace

City & State
Ocala, Fl.

City & State
Ocala, Fl.

4. FEI Number
59-3582832

Applied For
 Not Applicable

Zip Country
34470

Zip Country
34470

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

**SALAMONE, JOHN
4070 NE 47TH ST.
OCALA FL 34479**

Name **John Salamone**
Street Address (P.O. Box Number is Not Acceptable)
1723 NE 23rd Terrace
City **Ocala** FL Zip Code **34470**

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

DATE **10-10-01**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	SALAMONE, JOHN
STREET ADDRESS	4070 NE 47TH ST.
CITY-ST-ZIP	OCALA FL 34479
TITLE	D <input type="checkbox"/> Delete
NAME	PARKER, VANCE H JR.
STREET ADDRESS	2851 NE 39TH ST.
CITY-ST-ZIP	OCALA FL 34479
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2708 SE 15th St
CITY-ST-ZIP	Ocala, FL 34471
TITLE	D, VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	LS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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-10/18/01--01071--006
******150.00 ****150.00**

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:

DATE **10-10-01** (352) 732-9200 Daytime Phone #

CR2E034 (5/01)

2082

September 18, 2001

Florida Department of State
Tallahassee, FL

RE: Salamone Automotive Service, Inc. FEI: 59-3582832
2001 Uniform Business Report

Dear Sir or Madam:

We never received the original report. The address listed is our old address. Due to this fact, we are requesting that you remove the penalty associated with filing late. Enclosed is our check for \$150. Thank you for your cooperation.

Sincerely,

John Salamone,
President