2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P99000081811

1. Entity Name

GEO. W. SALTER, P.A.

Principal Place of Business

7113 1ST AVENUE S. 7113 1ST AVENUE S. ST. PETERSBURG FL 33707-1223 ST. PETERSBURG FL 33707 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 522/92393 \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SALTER, GEO.W. ESQ. Street Address (P.O. Box Number is Not Acceptable) 7113 1ST AVENUE S. ST. PETERSBURG FL 33707 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change D Delete TITLE TITLE SALTER, GEO. W. ESQ. NAME NAME STREET ADDRESS 7113 1ST AVENUE S. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33707 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition - - □ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE

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 1 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 chapted or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY~ST-7IP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2-23-00

727 341-0144

☐ Change

☐ Addition

Daytime Pho

FILED

Mar 06, 2000 8:00 am Secretary of State

03-06-2000 90113 019 ***150.00

CR2E034 (9/99)