

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90380 039 ***550.00

DOCUMENT # P99000096353

1. Entity Name
SALVADOR CONSTRUCTION INC.

Principal Place of Business

**1558 NORTH KELLEY AVE
 KISSIMMEE FL 34744**

Mailing Address

**1558 NORTH KELLEY AVE
 KISSIMMEE FL 34744**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1558 N. Kelley Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Kissimmee

City & State

Zip

34744

Country

Osceola

Country

4. FEI Number

59-3606679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GIRON, SALVADOR
 5016 HEATHER LAKE TERRACE
 KISSIMMEE FL 34758**

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

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 13, 2002 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 **P** ☐ Delete
 NAME **GIRON, SALVADOR**
 STREET ADDRESS **5016 HEATHER LAKE TERRACE**
 CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-02 (407 846 8274)

Date

Daytime Phone #

CR2E034 (4/02)