

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099761

1. Entity Name

SALIS TRUCKING COMPANY, INC.

Principal Place of Business
5701 PERCH DRIVE, NORTH
JACKSONVILLE FL 32277

Mailing Address
5701 PERCH DRIVE, NORTH
JACKSONVILLE FL 32277

2. Principal Place of Business

3646 Morgans Way
Suite, Apt. #, etc.

3. Mailing Address

3646 Morgans Way
Suite, Apt. #, etc.

City & State

Yulee FL

City & State

Yulee FL

4. FFL Number

59-36K873

Applied For

Not Applicable

Zip

32097

Country

Nassua

Zip

32097

Country

Nassua

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALIS, THOMAS
5701 PERCH DRIVE, NORTH
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name James Salis

Street Address (P.O. Box Number is Not Acceptable)

3646 Morgans Way

City Yulee

FL

32097

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

[Signature]

9/9/00

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, 2000 Min. 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

TITLE PTD
NAME SALIS, JAMES
STREET ADDRESS 5701 PERCH DRIVE, NORTH
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE VSD
NAME SALIS, KAREN
STREET ADDRESS 5701 PERCH DRIVE, NORTH
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/00 904321-2212

DATE

Daytime Phone #

CR2E034 (5/00)