

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90195 012 ***150.00

DOCUMENT # P99000099761

1. Entity Name

SALIS TRUCKING COMPANY, INC.

Principal Place of Business

**3646 MORGANS WAY
YULEE FL 32097**

Mailing Address

**3646 MORGANS WAY
YULEE FL 32097**

2. Principal Place of Business

3646 Morgans way

3. Mailing Address

3646 Morgans way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Yulee, FL

City & State

Yulee, FL

Zip

32097

Country

US

Zip

32097

Country

US

4. FEI Number

59-3616873

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALIS, THOMAS
3646 MORGANS WAY
YULEE FL 32097**

7. Name and Address of New Registered Agent

Name **SALIS, JAMES**

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

3646 Morgans way

City **Yulee**

FL

Zip Code
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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/01
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

TITLE **PTD** ☐ Delete

NAME **SALIS, JAMES**
STREET ADDRESS **5701 PERCH DRIVE, NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **VSD** ☐ Delete

NAME **SALIS, KAREN**
STREET ADDRESS **5701 PERCH DRIVE, NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/29/01
Date

904/705-4100
Daytime Phone #

CR2E034 (10/00)