

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106328

1. Entity Name

SALECHASER, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90016 040 ***150.00

Principal Place of Business

Mailing Address

6019 MARGIE COURT
ORLANDO FL 32807

6019 MARGIE COURT
ORLANDO FL 32807

2. Principal Place of Business

723 Hayden Lane
Suite, Apt. #, etc.

3. Mailing Address

723 Hayden Lane
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3614389

Applied For

Not Applicable

Zip

32804

Country

US

Zip

32804

Country

US

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

CLAYTON, TIMOTHY D
6019 MARGIE COURT
ORLANDO FL 32807

Name

Clayton, Timothy D

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

723 Hayden Lane

City

Orlando

FL

Zip Code

32804

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 typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

3/29/00

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CLAYTON, TIMOTHY D	
STREET ADDRESS	6019 MARGIE COURT	
CITY-ST-ZIP	ORLANDO FL 32807	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T/S/D/C/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clayton, Timothy D	
STREET ADDRESS	723 Hayden Lane	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seaman, Darren C	
STREET ADDRESS	723 Hayden Lane	
CITY-ST-ZIP	Orlando, FL 32804	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Clayton, Timothy D 3/30/00 407-246-6027