

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90188 020 \*\*\*150.00

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**DOCUMENT # S38927**

1. Entity Name

**SALZER & ASSOCIATES, INC.**



Principal Place of Business

**7363 BIG CYPRESS COURT  
MIAMI FL 33014-2503  
US**

Mailing Address

**7363 BIG CYPRESS CT  
MIAMI FL 33014**

2. Principal Place of Business

**3014 SW 21st TERRACE**

3. Mailing Address

**3014 SW 21st TERRACE**

Suite, Apt. #, etc.

**35A-1**

Suite, Apt. #, etc.

**35A-1**

City & State

**DELRAY BEACH, FL**

City & State

**DELRAY BEACH, FL**

Zip

Country

**33445 US**

Zip

Country

**33445 US**

4. FEI Number

**65-0264045**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WANSHEL, LAURENCE A  
9555 N KENDALL DRIVE SUITE 202  
SUITE 1102  
MIAMI FL 33176**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SALZER, GROVER W.	
STREET ADDRESS	7363 BIG CYPRESS CT	
CITY-ST-ZIP	MIAMI FL 1616 HOUSTON DR VIDALIA, GA 30474	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	SALZER, EMMA W.	
STREET ADDRESS	7363 BIG CYPRESS CT	
CITY-ST-ZIP	MIAMI LAKES FL 1616 HOUSTON DR VIDALIA, GA 30474	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS	
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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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**EMMA W. SALZER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**4/24/03**

**305/733-2402**

Date

Daytime Phone #

CR2E034 (10/02)