

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 259092

1. Entity Name

SELECTIVE APPLIANCES AND COMMUNICATIONS, CORP.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90012 004 ***550.00

Principal Place of Business

4038 N.E. 5 TERRACE
 FT LAUDERDALE FLA 33334

Mailing Address

4038 N.E. 5 TERRACE
 FT LAUDERDALE FLA 33334

2. Principal Place of Business

SELECTIVE Appl. & Comm. Corp.
 Suite, Apt. #, etc.

541 S. FLAGLER AVE.

City & State
 POMPANO BEACH FLORIDA

Zip
 33060

Country
 UNITED STATES

3. Mailing Address

SELECTIVE Appl. & Comm. Corp.
 Suite, Apt. #, etc.

541 S. FLAGLER AVE.

City & State
 POMPANO BEACH FLORIDA

Zip
 33060

Country
 UNITED STATES



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0968263

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DORITY, PATRICIA R
 700 S.E. 7 AVE.
 POMPANO FL 33060

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.

SIGNATURE

Patricia R DORITY

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

(NOTE: Registered Agent signature required when reinstating)

09-01-00

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	P	<input type="checkbox"/> Delete
NAME	DORITY, MARION E. SR.	
STREET ADDRESS	700 S.E. 7 AVE. #13	
CITY - ST - ZIP	POMPANO FL 33060	
TITLE	VT	<input type="checkbox"/> Delete
NAME	TATUM, ROBERT B	
STREET ADDRESS	731 N.E. 49 ST.	
CITY - ST - ZIP	FORT LAUDERDALE FL 33334	
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		

12. 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
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:

Patricia R DORITY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-01-00

CP2E034 (5/00)