2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90027 044 ***158.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # 695718

1. Entity Name

SELECTIVE INVESTMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1876 NORTH UNIVERSITY DRIVE SUITE 306-3 FORT LAUDERDALE FL 33322 US	331 S.W. 74TH TERRACE 331 SW 74TH TERR PLANTATION FL 33317-3843 US

2. Principal Place of Business		3. Mailing Address	
331 S.W. 74TH TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PLANTATION, FL.		City & State	
Zip: 33317-3843	Country: BROWARD	Zip	Country

4. FEI Number 59-2365854 ☐ Applied For ☐ Not Applicable

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
EDMONDSON, W FRANK III 331 SW 74TH TERRACE PLANTATION FL 33317	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 FRANK EDMONDSON [signature] FEB. 16/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD EDMONDSON, W. FRANK III 331 SW 74TH TERR PLANTATION FL 33317-3843 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: FRANK EDMONDSON [signature] 2/16/2000 954-472-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #