## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am DOCUMENT # 695718 Secretary of State 1. Entity Name 02-20-2002 90085 042 \*\*\*158.75 SELECTIVE INVESTMENT SERVICES, INC. Principal Place of Business Mailing Address 331 SW 74TH TERRACE 331 S.W. 74TH TERRACE **SUITE 306-3** 331 SW 74TH TERR PLANTATION FL 33317 PLANTATION FL 33317 US US 2. Principal Place of Business 33/5.W.-74+ 3. Mailing Address TERRACE 331 S.W. 74TH TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE Applied For 4. FEI Number City & State 59-2365854 AKCTATIONS Not Applicable \$8.75 Additional 5. Certificate of Status Desired BROWALD BROWARD Fee Required 7. Name and Address of New Registered Agent 6.\_Name and Address of Current Registered Agent EDMONDSON, W FRANK III Street Address (P.O. Box Number is Not Acceptable) 331 SW 74TH TERRACE PLANTATION FL 33317 Zip Code FL e of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the red Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Whis corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE EDMONDSON, W. FRANK III NAME NAME STREET ADDRESS STREET ADDRESS **331 SW 74TH TERR PLANTATION FL 33317-3843** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: 📈

CITY-ST-ZIP

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954-587-875 Daytime Phone #

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