

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90029 035 ***150.00

0515090 AV

DOCUMENT # P00000040806
 1. Entity Name
SEL PLANTATION DEVELOPMENT NO. 3, INC.

Principal Place of Business 2747 ORCHID OAKS DRIVE 102A SARASOTA FL 34239 US	Mailing Address POST OFFICE BOX 943 OSPREY FL 34229-0943 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3718 SANDSPUR LA. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State NOROMIS, FL	City & State	4. FEI Number 65-1003509	Applied For <input type="checkbox"/> Not Applicable
Zip 34275	Country	Zip	Country

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

6. Name and Address of Current Registered Agent
~~SEIDER, WILLIAM M~~
~~200 SOUTH ORANGE AVENUE~~
~~SARASOTA FL 34236~~

7. Name and Address of New Registered Agent
 Name: **STEPHEN E. LATTMANN**
 Street Address (P.O. Box Number is Not Acceptable):
3718 SANDSPUR LA.
 City: **NOROMIS** FL Zip Code: **34275**

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]* DATE: **4/1/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR LATTMANN, STEPHEN E 2747 ORCHID OAKS DRIVE - 102A SARASOTA FL 34239	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3718 SANDSPUR LA. NOROMIS, FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: **4/1/02** (941) 918-2129
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (9/01)