

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2002 90029 036 ***150.00

0515088 AV

DOCUMENT # P93000081514
 1. Entity Name
SEL PLANTATION INVESTMENTS, INC.

Principal Place of Business 722 SHAMROCK BLVD. VENICE FL 34293 US	Mailing Address PO BOX 943 OSPREY FL 34229-0943 FL
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3718 SANDSPUR LA.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NOKOMIS, FL	City & State
------------------------------------	--------------

4. FEI Number 65-0463624	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 34275	Country	Zip	Country
---------------------	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent
~~SEIDER, WILLIAM M~~
~~1550 RINGLING BLVD.~~
~~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 **NOKOMIS** 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 DATE **4/11/02**
Signature type 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 PVSD LATTMANN, STEPHEN E MR.	<input type="checkbox"/> Delete
STREET ADDRESS 2747 ORCHID OAKS DRIVE	
CITY-ST-ZIP SARASOTA FL 34239	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3718 SANDSPUR LA	
CITY-ST-ZIP NOKOMIS, FL 34275	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DATE **4/11/02** (941) 918-2129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)