FILED May 09, 2002 8:00 am Secretary of State 05-09-2002 90068 027 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P97000083525

DOCUMENT #

1. Entity Name SELECT INVESTMENTS, INC.

Principal Place of Business 1802 W. CLEVELAND ST. TAMPA FL 33606			Mailing Address 1802 W. CLEVELAND ST. TAMPA FL 33606									
2. Principal Place of Business			3. Mailing Address					6	DEFAL BUARA DUA		EBB1 B161 1001	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. F	4. FEI Number 59-3470008				plied For t Applicable	
Zìp		Country	Zip Country			5. 0	5. Certificate of Status Desired					
		and Address of Current Re				7. N	7. Name and Address of New Registered Agent					
-												
Barbas, randy r 1802 W. Cleveland St.					Street Address (P.O. Box Number is Not Acceptable)							
TAMPA FL 33606				Cia						7:- 0-4		
					City				FI	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 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, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00		on Campaign F Fund Contribut	-		May Be to Fees	
11. OFFICERS AND D			RECTORS 12.			AD	DITIONS/CH	ANGES TO O	FICERS AN	D DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Barbas, 1802 W. C Tampa Fl	CLEVELAND ST	□ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STEPHEN M. CLEVELAND ST . 33606	☐ Delete							☐ Change	☐ Addition	
TITLE NAME -STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i i					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	

13. I hereby certify that the information supplied with this filling 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 by 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR