

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90009 009 ***150.00

DOCUMENT # P99000095607

1. Entity Name
SELYOURART-NET INC.

Principal Place of Business: **6503 N. MILITARY TRAIL.#2607 BOCA RATON FL 33496**

Mailing Address: **6503 N. MILITARY TRAIL.#2607 BOCA RATON FL 33496**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1120 Portland Ave #3**
 Suite, Apt. #, etc.

3. Mailing Address: **1120 Portland Ave #3**
 Suite, Apt. #, etc.

City & State: **Orlando FL 32803**

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Zip: **32803** Country: **USA**

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4. FEI Number: **65-0965525** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

FORBES, LYNAAE
852 MILLSTREAM ROAD
PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent

Name: **Howard Forman**

Street Address (P.O. Box Number is Not Acceptable): **1120 Portland Ave #3**

City: **Orlando** State: **FL** Zip Code: **32803**

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: **Howard L Forman** DATE: **4-10-2001**

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, 2001 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	PCEO FORMAN, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS	6503 N. MILITARY TRAIL, #2607	
CITY-ST-ZIP	BOCA RATON FL 33496	
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 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 another like empowered.

SIGNATURE: DATE: **4-10-2001** DAYTIME PHONE #: **407 894 3350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)