

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S10267

1. Entity Name

SELECT REAL ESTATE OF PINELLAS COUNTY INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90113 013 ***150.00

Principal Place of Business

Mailing Address

2480 E BAY DR
STE A-S
LARGO FL 33771
US

Changed
See Below

2480 E BAY DR
STE A-S
LARGO FL 33771-2467
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

* 10225 Ulmerton Rd.

10225 Ulmerton Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3B

Suite 3B

City & State

City & State

Largo fl.

Largo fl.

4. FEI Number

65-0238368

Applied For

Not Applicable

Zip

Country

Zip

Country

33771

Pinellas

33771

Pinellas

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARMADELLA, JAMES
1412 COLUMBIA AVE
PALM HARBOR FL 34683

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

James Carmadella 4-17-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CARMADELLA, JAMES	
STREET ADDRESS	1412 COLUMBIA AVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMADELLA, JAMES	
STREET ADDRESS	1412 Columbia Ave	
CITY-ST-ZIP	Palm Harbor FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Director/President James Carmadella 4/17/2000 727-784-0340

CR2E034 (9/99)