

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010032

1. Entity Name

S.E.L., L.C.

Principal Place of Business

1921 WALDEMERE STREET, SUITE 801
SARASOTA FL 34239

Mailing Address

1921 WALDEMERE STREET, SUITE 801
SARASOTA FL 34239

2. Principal Place of Business

1921 WALDEMERE ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

801

Suite, Apt. #, etc.

SAME

City & State

SARASOTA FLORIDA

City & State

SAME

Zip

34239

Country

SARASOTA

Zip

SAME

Country

4. FEI Number

65-1131619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANCE, SCOT E.M.D.

1921 WALDEMERE STREET, SUITE 801

SARASOTA FL 34239

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SCOT E LANCE 1921 WALDEMERE ST 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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SCOT E LANCE
SIGNED AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

08/01/02 941-917-2345

FILED

Aug 18, 2002 8:00 am
Secretary of State

08-05-2002 90011 040 ****50.00

41654



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)