

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90132 023 ***150.00

DOCUMENT # P97000013226

1. Entity Name
SELLMARK ELECTRONICS, INC.



Principal Place of Business
2334 E RTE 100
7
BUNNELL FL 32110
US

Mailing Address
2334 E RTE 100
BOX
BUNNELL FL 32110
US

2. Principal Place of Business
15 CYPRESS BRANCH WAY

3. Mailing Address
15 CYPRESS BRANCH WAY

Suite, Apt. #, etc.
Suite 207D / Box #11

Suite, Apt. #, etc.
Suite 207D / Box #11

City & State
PALM COAST FLA

City & State
PALM COAST FLA

Zip
32164

Country
USA

Zip
32164

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3448866**

Applied For
☐ **Not Applicable**

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

CHIUMENTO, MICHAEL D
4 OLD KINGS ROAD NORTH
PALM COAST FL 32137

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOHN B #F2 PROS.BUS. PK., LEADGATE CONSETT COUNTY DURHAM EN DH-87PW	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

2/17/03

Date

(386/447 8873)

Daytime Phone #

CP2E034 (10/02)