FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 17, 2002 8:00 am
Secretary of State
05-24-2002 91339 030 ***150.00

DOCUMENT # 259092

1. Entity Name
SELECTIVE APPLIANCES AND COMMUNICATIONS, CORP

DO NOT WRITE IN THIS SPACE

932205

2. Principal Place of Business: Selective Appli & Comm in Corp
Suite, Apt #, etc.: 541 S Flagler Ave
City & State: Pompano Beach Florida
Zip: 33060 Country: BROWARD

3. Mailing Address: Selective Appli & Comm Corp.
Suite, Apt #, etc.: 541 S Flagler Ave
City & State: Pompano Beach Florida
Zip: 33060 Country: BROWARD

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4. FEI Number: 59-0968263 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: MARION E DORTY
Street Address (P.O. Box Number is Not Acceptable): 700 SE 7 AVE
City: POMPANO FL Zip Code: 33060

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: Patricia R Dorty
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 05-01-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P DORTY, MARION. E. SR
STREET ADDRESS	700 SE 7 AVE #13
CITY-ST-ZIP	POMPANO FL 33060
TITLE / NAME	VT TATUM, ROBERT B
STREET ADDRESS	731 N.E. 49 street
CITY-ST-ZIP	Fort Lauderdale FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia R Dorty (PATRICIA R DORTY 05-01-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #