

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 369702

1. Entity Name
SELECT REAL ESTATE, INC.

Principal Place of Business
12 EGLIN PARKWAY SE
FORT WALTON BEACH FL 32548

Mailing Address
12 EGLIN PARKWAY SE
FORT WALTON BEACH FL 32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1302422

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SODEC, JOHN JR
921 LIGHTHOUSE RD
FORT WALTON BEACH FL 32547

Name James F. McCarthy, Sr.

Street Address (P.O. Box Number is Not Acceptable)
200 Wynn Haven Beach Road

City Mary Esther

FL 32569

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 James F. McCarthy, Sr./President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-25-02

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, 2002 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 SPT. ☐ Delete
NAME SODEC, JOHN, JR.
STREET ADDRESS 554 SANTA ROSA BLVD S108
CITY-ST-ZIP FT.WALTON BCH FL

TITLE SVT ☒ Change ☐ Addition
NAME Sodec, John, Jr.
STREET ADDRESS 921 Lighthouse Road
CITY-ST-ZIP Ft Walton Beach, FL 32547

TITLE V ☐ Delete
NAME MCCARTHY, JAMES S F
STREET ADDRESS 200 WYNNE HAVEN BCH RD
CITY-ST-ZIP MARY ESTHER FL

TITLE P ☒ Change ☐ Addition
NAME Mc Carthy, James F Sr
STREET ADDRESS 200 Wynn Haven Beach Road
CITY-ST-ZIP Mary Esther, FL 32569

TITLE D ☐ Delete
NAME REED, MARJORIE K
STREET ADDRESS 2 LONGWOOD DR
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

0056063 AV

CR2E034 (9/01)