2003 FOR PROFIT COE RATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #369702** FILED 1. Entity Name
SELECT REAL ESTATE, INC. \*\* \*03 OCT -7 PM 3:53 Principal Place of Business Mailing Address SECRETARY OF STATE 12 EGLIN PARKWAY SE 12 EGLIN PARKWAY SE ⊊TALLAHASSEE. FLORIDA FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1302422 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sodec, John Jr. MCCARTHY, JAMES F SR 200 WYNNEHAVEN BEACH RD. Street Address (P.O. Box Number Is Not Acceptable) MARY ESTHER, FL 32569 921 Lighthouse Road Fort Walton Beach 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. John Sodec Jr. 09/24/03 ne of revisared acent and this if audicable (NOTE: Registered Agent signature required when reinstating) DATE After May 172003 Fee will be \$550,00 Amended UBR 18461 25 Make Check Payable (o Fjorida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SVT TITLE Delete TOLE CR2E034 (10/02) President ■ Addition SODEC, JOHN, JR. NAME NAME Sodec, John Jr. STREE :: ADDRESS 921 LIGHTHOUSE ROAD STREET ADDRESS 921 Light House Road CITY-ST-2P FORT WALTON BEACH, FL 32547 CITY-ST-ZIP 32547 Fort Walton Beach TITLE ☐ Delete Change TITLE ☐ Addition Vice President NAME MC CARTHY, JAMES F SR NAME McCarthy, James F. Sr. STREET ADDRESS 200 WYNNHAVEN BEACH ROAD STREET ADDRESS 200 Wynnhaven Beach Road C#1Y-S1-2IP MARY ESTHER, FL 32569 CITY-ST-21P Mary Esther 32569 TITLE TITLE ☐ Delete ☐ Change Addition NAME REED, MARJORIE K HAME STREET ADDRESS 2 LONGWOOD DR STREET ADDRESS CITY-ST-ZP SHALIMAR, FL 32579 COY:ST:71P ~ TITLE ☐ Delete TITLE Change **Addition** NAME Johnson, Jacquelyn Roberson STREET ADDRESS STREET ADDRESS 2112 Frontera Street CITY-ST-ZE CITY-ST-ZIP Navarre FL 32566 TITLE Delete TOLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CBY-ST-7IP TITLE Delete TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-51-2# CRY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report of 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.

James F.

SIGNATURE:

SIGNATURE AND TYPED OR PRO

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