

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 488648

1. Entity Name

SELECTIVE INVESTMENTS, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90052 001 ***150.00

Principal Place of Business
8090 A1A SOUTH
UNIT 407
ST. AUGUSTINE FL 32086
US

Mailing Address
8090 A1A SOUTH
UNIT 407
ST. AUGUSTINE FL 32086-8365
US

614430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1628773**
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

GANO, CHARLES P
8090 A1A SOUTH
UNIT 407
ST. AUGUSTINE FL 32086

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2000 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	SD	<input type="checkbox"/> Delete
NAME	GANO, ANNIE M	
STREET ADDRESS	8090 A1A SOUTH, UNIT 407	
CITY-ST-ZIP	ST. AUGUSTIN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GANO, CHARLES P	
STREET ADDRESS	8090 A1A SOUTH, UNIT 407	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

CHARLES P. GANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-00 (904) 460-9419
Date Daytime Phone #

CR2E034 (9/99)