

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 553452

1. Entity Name

SELVIDGE TECHNOLOGY, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90131 008 ***150.00

Principal Place of Business

Mailing Address

P O BOX 968
MULBERRY, FL 33860

P O BOX 968
MULBERRY, FL 33860-0968



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

600 N. Church Avenue
Suite, Apt. #, etc.

PO Box 435
Suite, Apt. #, etc.

City & State

Mulberry FL

City & State

Mulberry FL

4. FEI Number

59-1791320

Applied For

Not Applicable

Zip

Country

33860 Polk

Zip

Country

33860 US

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

SELVIDGE, MARK D.
600 N CHURCH AVENUE
MULBERRY FL 33860

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 PD ☐ Delete
NAME SELVIDGE, MARK D.
STREET ADDRESS 6319 OAK SQUARE EAST
CITY-ST-ZIP LAKELAND FL

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME GREGORY D. SELVIDGE
STREET ADDRESS 1836 N. CRYSTAL LAKE DRIVE
CITY-ST-ZIP LAKELAND FL 33801

TITLE STD ☐ Delete
NAME SELVIDGE, BARBARA E.
STREET ADDRESS 6319 OAK SQUARE EAST
CITY-ST-ZIP LAKELAND FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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)(l), 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:

Barbara E. Selvidge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00 863-425-4538

CR2E034 (9/99)