

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90040 005 ****61.25

DOCUMENT # 700109

1. Entity Name

SELBON INC.

Principal Place of Business

Mailing Address

1250 S.E. 6TH AVE.
 DEERFIELD BEACH FL 33441

1250 S.E. 6TH AVE.
 DEERFIELD BEACH FL 33441-6922

00015346



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2197289

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LENTZ, JOHN W VI
1620 N. OCEAN #1007
POMPANO BCH FL 33062

7. Name and Address of New Registered Agent

Name **EUGENE DILLON**
 Street Address (P.O. Box Number is Not Acceptable)
1250 SE 6 AVE
 City **DEERFIELD BEACH FL** Zip Code **33441**

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 *EK Dillon*

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

(NOTE: Registered Agent signature required when reinstating)

1/31/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | LENTZ, JOHN W VI | |
| STREET ADDRESS | 1620 N. OCEAN #1007 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | LYONS, GEORGE E | |
| STREET ADDRESS | 2240 N. CYPRESS BEND DR 701 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33069 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | DILLON, EUGENE | |
| STREET ADDRESS | 2475 W GOLF APT 139 | |
| CITY-ST-ZIP | POMPANO BCH FL 33064 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | NEWMAN, PAUL E | |
| STREET ADDRESS | 6482 NW. 37 AVE | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | HILL, WESLEY J | |
| STREET ADDRESS | 1965 SE. CT APT N107 | |
| CITY-ST-ZIP | POMPANO BCH FL 33062 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | |
|----------------|---------------------------|---------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | EUGENE DILLON | | |
| STREET ADDRESS | 2475 W. GOLF #139 | | |
| CITY-ST-ZIP | POMPANO BCH FL 33064 | | |
| TITLE | VD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | RICHARD PITMAN | | |
| STREET ADDRESS | 1609 N. RIVERSIDE DR #406 | | |
| CITY-ST-ZIP | POMPANO BCH-FL-33062 | | |
| TITLE | VD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | CLYDE GRIMM | | |
| STREET ADDRESS | 720 NW 44 AVE | | |
| CITY-ST-ZIP | POMPANO BCH FL 33066 | | |
| TITLE | TD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | HARLEY DAVIS | | |
| STREET ADDRESS | 747 BANKS RD | | |
| CITY-ST-ZIP | MARGATE FL 33063 | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-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)(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 617, 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.

SIGNATURE: *EK Dillon* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00 *954-421-1966*

Date

Daytime Phone #