

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

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

Mailing Address

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

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

59-2197289

Applied For

Not Applied For

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)

DATE

1/31/00

**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:

SKIDMORE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00 954-421-1966