

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 01, 2001 8:00 am
Secretary of State

02-03-2001 90074 043 ****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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2197289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DILLON, EUGENE
1250 SE AVE
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent
Name **CLYDE GRIMM**
Street Address (P.O. Box Number is Not Acceptable)
720 N.W. 44th AVE
City **POMPANO BEACH** FL Zip Code **33066**

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 **CLYDE GRIMM** *Clyde Grimm*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DILLON, EUGENE	
STREET ADDRESS	2475 W GOLF #139	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PITMAN, RICHARD	
STREET ADDRESS	1609 N RIVERSIDE DR #406	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, HARLEY	
STREET ADDRESS	747 BANKS RD	
CITY-ST-ZIP	POMPANO BEACH FL 33063	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HILL, WESLEY J	
STREET ADDRESS	1965 SE. CT APT N107	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRIMM, CLYDE	
STREET ADDRESS	720 NW 44 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLYDE GRIMM	
STREET ADDRESS	720 N.W.44th AVE.	
CITY-ST-ZIP	POMPANO BEACH, FL. 33066	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK SVACH	
STREET ADDRESS	1401 N.RIVERSIDE DR. #701	
CITY-ST-ZIP	POMPANO BEACH, FL. 33062	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE DILLON	
STREET ADDRESS	2475 W.GOLF #139	
CITY-ST-ZIP	POMPANO BEACH, FL. 33066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **CLYDE GRIMM** *Clyde Grimm* **JAN 24, 2001** **(954) 421 1966**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)