

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

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

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 Applicable

5. Certificate of Status Desired

☐

**\$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

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. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

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 CLYDE GRIMM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	720 N.W.44th AVE.	
STREET ADDRESS	POMPANO BEACH, FL. 33066	
CITY-ST-ZIP		
TITLE	V/D FRANK SVACH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1401 N.RIVERSIDE DR. #701	
STREET ADDRESS	POMPANO BEACH, FL. 33062	
CITY-ST-ZIP		
TITLE	S/T/D EUGENE DILLON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2475 W.GOLF #139	
STREET ADDRESS	POMPANO BEACH, FL. 33066	
CITY-ST-ZIP		
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

JAN 24, 2001

(954) 421 1966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)