## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 30, 2002 8:00 am Secretary of State **DOCUMENT # 763836** 1. Entity Name SELAMA GROTTO, INC. 01-30-2002 90126 047 \*\*\*\*61 25 Principal Place of Business Mailing Address 3000 16 STREET NORTH 3000 16 STREET NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0440467 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDENBURN, GARY L-1117 ARLINGTON AVE. NORTH ST. PETERSBURG FL 33705 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. TITLE Change ☐ Addition TITLE ☐ Delete FLOWERS, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 3724 26 AV N CITY-ST-ZIP SAINT PETERSBURG FL 33713 CITY-ST-ZIP Change Addition FRANK M. LIZIUS Delete TITLE TITLE GREEN, RICHARD D NAME NAME 1160 75 AV. NORTH 1516 WINCHESTER RD N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33710 CITY-ST-7IP Delete TITLE ☐ Addition TITLE GRIFFITH, HENRY L NAME NAME 5556 81 TERR N STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITL F Webb. Roger R NAME NAME 6190 62 AV N #16 STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 additional poler like empowered.

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changed, or on an attachment with an add

SIGNATURE: