

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

3/6

03-06-2003 90131 025 \*\*\*\*61.25

**DOCUMENT # 764106**

1. Entity Name  
**SEM-NO HOLDING CORPORATION, INC.**



Principal Place of Business      Mailing Address  
**PO BOX 16566**      **PO BOX 16566**  
**W. PALM BEACH FL 33416**      **W. PALM BEACH FL 33416**  
**US**      **US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **23-7535625**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, JAMES R**  
**6307 WHITE SABLE PALM LN**  
**LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name **Wesley E. Dickmann**  
 Street Address (P.O. Box Number is Not Acceptable) **7214 E Oakridge Circle**  
**Lantana Florida**  
 City **FL**      Zip Code **33462**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wesley E. Dickmann*

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVIS, JAMES R</b>	
STREET ADDRESS	<b>6307 WHITE SABAL PALM LN</b>	
CITY-ST-ZIP	<b>GREEN ACRES FL 33463</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MANNIN, J. MITCHELL</b>	
STREET ADDRESS	<b>6310 GLENTREE LN</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WIGGINS, GEORGE</b>	
STREET ADDRESS	<b>11513 TANGERINE BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33412</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DICKMAN, WESLEY P</b>	
STREET ADDRESS	<b>7214 E OAKRIDGE CIR #23</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wesley E. Dickmann</b>	
STREET ADDRESS	<b>7214 E. Oakridge Circle</b>	
CITY-ST-ZIP	<b>Lantana, FL 33462-5348</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard Shepard</b>	
STREET ADDRESS	<b>2349 S.E. Longhorn Ave</b>	
CITY-ST-ZIP	<b>Port St. Lucie 34952-FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lenord Tashman</b>	
STREET ADDRESS	<b>9339 009 Park Dr</b>	
CITY-ST-ZIP	<b>Greenacres FL, 33467</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Harvey King</b>	
STREET ADDRESS	<b>302 NE 7th Ave</b>	
CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Steven Weintraub</b>	
STREET ADDRESS	<b>2168 S.E. Dolphin Rd</b>	
CITY-ST-ZIP	<b>Port St. Lucie, FL 34952</b>	
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: *Wesley E. Dickmann*

**03-08-03**      **561-582-5115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)