

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90265 020 \*\*\*550.00

**DOCUMENT # F00000003010**

1. Entity Name  
**SELLPLACE.COM, INC.**

Principal Place of Business  
**P.O. BOX 9208**  
**FORT MYERS FL 33902**

Mailing Address  
**P.O. BOX 9208**  
**FORT MYERS FL 33902**

2. Principal Place of Business  
**3585 Edgewood Ave**

3. Mailing Address  
**PO Box 9208**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Ft. Myers Florida**

City & State  
**Ft. Myers, FL.**

4. FEI Number  
**650878477**

Applied For  
 Not Applicable

Zip  
**33916**

Country  
**Lee**

Zip  
**33902**

Country  
**Lee**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, CARLMAE**  
**2577 FIRST STREET**  
**FORT MYERS FL 33901**

Name  
**Carlmae Anderson**

Street Address (P.O. Box Number is Not Acceptable)

**3585 Edgewood Ave**

City  
**Ft. Myers**

FL

Zip Code  
**33916**

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 **Carlmae Anderson it President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/30/01**

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**

**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTC**  
**ANDERSON, CARLMAE**  
**2577 FIRST**  
**FORT MYERS FL 33901**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP**  
**CAMENTZ, AL**  
**13500 SIESTA PINE COURT**  
**FORT MYERS FL 33905**

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**KAMIE, STEVE**  
**13131 N.E. 120TH LANE A202**  
**KIRKLAND WA 98034-8080**

☒ Delete

TITLE  
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☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Carlmae Anderson it President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/30/01 941-332-1364**

Date

Daytime Phone #

CR2E034 (5/01)