

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90062 013 \*\*\*150.00

**DOCUMENT # F95000002675**

1. Entity Name  
**SELCART LIMITED, INC.**



Principal Place of Business  
**C/O THOMAS C. ROBERGE  
1 BEACH DR SE. STE 220  
ST. PETERSBURG FL 33701**

Mailing Address  
**C/O THOMAS C. ROBERGE  
1 BEACH DR SE. STE 220  
ST. PETERSBURG FL 33701**

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 **98-0152707**

Applied For

Not Applicable

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

**ROBERGE, THOMAS C  
1 BEACH DR SE, STE 220  
ST. PETERSBURG FL 33701**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **PCVD  
SELBY, ALLEN** ☐ Delete  
STREET ADDRESS **C/O 1 BEACH DRIVE SE, SUITE 220**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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

TITLE  
NAME **VCST  
CARTER, STEPHEN** ☐ Delete  
STREET ADDRESS **C/O 1 BEACH DRIVE SE, SUITE 220**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-9-03**

**727 822 9393**

CR2E034 (10/02)

- INTERNATIONAL TAXATION -  
**THOMAS C. ROBERGE & COMPANY**  
CERTIFIED PUBLIC ACCOUNTANTS

70006287  
Attachment  
F95000002675

BRENT S. MCLEAN, CPA  
THOMAS C. ROBERGE, CPA

January 9, 2003


Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

RE: SELCART LIMITED, INC.

To Whom It May Concern:

I am the Florida Registered Agent for the above referenced company. Enclosed is our check for \$150.00 for the 2003 Uniform Business Report.

Sincerely,



Thomas C. Roberge

TCR/c  
Enclosures