## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # F9700003715 May 15, 2000 8:00 am SELECT SECURITIES LIMITED CO. Secretary of State 05-15-2000 90194 013 \*\*\*150.00 Principal Place of Business Mailing Address HARBOUR SQUARE, STE 302 HARBOUR SQUARE, STE 302 4134 GULF OF MEXICO DRIVE 4134 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228-2612 60040400 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 NOT APPLICABLE Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name COLES, DERICK Street Address (P.O. Box Number is Not Acceptable) HARBOUR SQUARE, STE 302 4134 GULF OF MEXICO DR LONGBOAT KEY FL 34228 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PCD Addition ☐ Change ☐ Delete TITLE TITLE FREDERICK DE PASQUALE 4134 GULFOFMEXICO DR COLES, DERICK NAME NAME STREET ADDRESS 4134 GULF OF MEXICO DR STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP LONGBOAT KEY FL CITY-ST-ZIP CFO **Addition** ☐ Change TITLE ☐ Delete TITLE COLES, JASON NAME H. Martin Light Jr. NAME 4134 GUIFON MEXICO Dr. 4134 GULF OF MEXICO DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE **BROWN, ANTHONY** NAME NAME 4134 GULF OF MEXICO DR STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.