

2000 UNIFORM BUSINESS REPORT (UBR)

2/8

DOCUMENT # F97000006948

1. Entity Name

SELECTIVE MARKETING OF DELAWARE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-08-2000 90166 029 ***150.00

Principal Place of Business
3700 AIRPORT RD.
STE. 209
BOCA RATON FL 33431

Mailing Address
3700 AIRPORT RD.
STE. 209
BOCA RATON FL 33481-1060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
350 CAMINO GARDENS BLVD

3. Mailing Address
350 CAMINO GARDENS BLVD

Suite, Apt. #, etc.
302

Suite, Apt. #, etc.
302

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number 62-1650702

Applied For
Not Applicable

Zip
33432

Country
USA

Zip
33432

Country
USA

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

KARNIOL, M L
P.O. BOX 811060
BOCA RATON FL 33481

Name M. L. KARNIOL

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

350 CAMINO GARDENS BLVD

City BOCA RATON

FL

Zip Code 33432

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

M. L. Karniol

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE PD
NAME KARNIOL, M L
STREET ADDRESS 3700 AIRPORT RD, STE 209
CITY-ST-ZIP BOCA RATON FL 33431

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE
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☐ Change ☐

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. L. Karniol

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00 561-368-9070

Date

Daytime Phone #