

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K24181

1. Entity Name

SELDOM SEEN, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90152 016 ***150.00

Principal Place of Business	Mailing Address
1303 SOUTH RIDGEWOOD AVENUE EDGEWATER FL 32132	1303 SOUTH RIDGEWOOD AVENUE EDGEWATER FL 32132-2717

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-2892262	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FISHER, GERALDINE 1550 BOYCE CIR EDGEWATER FL 32132

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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 \$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 Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	PST <input type="checkbox"/> Delete
NAME	FISHER, GERALDINE
STREET ADDRESS	1550 BOYCE CIRCLE
CITY-ST-ZIP	EDGEWATER FL 32132
TITLE	DST <input type="checkbox"/> Delete
NAME	FISHER, GERALDINE
STREET ADDRESS	1550 BOYCE CIRCLE
CITY-ST-ZIP	EDGEWATER FL
TITLE	VPD <input type="checkbox"/> Delete
NAME	SUMNER, HENRY
STREET ADDRESS	1550 BOYCE CIR
CITY-ST-ZIP	EDGEWATER FL 32132
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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.

SIGNATURE: Geraldine H. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 904-423-5246
Date Daytime Phone #

CR2E034 (9/99)