

2001 UNIFORM BUSINESS REPORT (UBR)

0001862 AF

DOCUMENT # L00000004283

1. Entity Name

SELOY DEVELOPMENT COMPANY, L.L.C.

FILED

01 APR 16 AM 10:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

93-A ORANGE STREET
ST AUGUSTINE FL 32084

93-A ORANGE STREET
ST AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

P O DRAWER 70

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ST AUGUSTINE FL

4. FEI Number

59-3681311

Applied For

Not Applicable

Zip

Country

Zip

Country

32085-0070

usa

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, PAUL J
93-A ORANGE STREET
ST AUGUSTINE FL 32084

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800004036408--7
-04/20/01--01106--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
THOMPSON, PAUL J.
83 COMARES AVE UNIT #7A
ST AUGUSTINE FL 32080 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Paul J Thompson

Paul J Thompson
Manager

4-06-01

904-824-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)