


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90073 004 ****50.00

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DOCUMENT # L02000001624		
1. Entity Name SELS REAL ESTATE, LLC		

Principal Place of Business 14502 N. DALE MABRY SUITE 304 TAMPA FL 33618	Mailing Address 14502 N. DALE MABRY SUITE 304 TAMPA FL 33618
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2. Principal Place of Business 5102 W LINEBAUGH AVE	3. Mailing Address 5102 W LINEBAUGH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA FL	City & State TAMPA FL
Zip 33624	Country USA
Zip 33624	Country USA



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent SPECTOR, SCOTT 14502 N. DALE MABRY SUITE 304 TAMPA FL 33618	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5102 W LINEBAUGH AVENUE City TAMPA FL Zip Code 33624	

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 *Scott Spector* **SCOTT SPECTOR PRESIDENT 4/25/03** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2003	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT SCOTT SPECTOR 5102 W LINEBAUGH	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT SCOTT SPECTOR 5102 W LINEBAUGH TAMPA FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Scott Spector* **SCOTT SPECTOR PRES. 4/25/03 813 265-1205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)