

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-28-2003 91482 032 ***150.00

0516269 AV

DOCUMENT # **M71858**

1. Entity Name
SELLNER ENTERPRISES, INC.



Principal Place of Business
**5361 BUCKINGHAM RD.,
FORT MYERS FL 33905**

Mailing Address
**5361 BUCKINGHAM RD.,
FORT MYERS FL 33905**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
3665 FT. KEIS
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
LABELLE FL

4. FEI Number **65-0030437** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent
**SELLNER, GREG
5361 BUCKINGHAM RD.,
FORT MYERS FL 33905**

7. Name and Address of New Registered Agent
Name **SELLNER GREG**
Street Address (P.O. Box Number is Not Acceptable)
3665 FT. KEIS
City **LABELLE FL** Zip Code **33935**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SELLNER, GREG 5361 BUCKINGHAM RD. FORT MYERS FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GREG SELLNER** **24 APR. 03** **863 675 4600**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)