

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000055820**1. Entity Name
SELZEE SOLUTIONS, INC.**Principal Place of Business**FIRST UNION CENTER, STE 500
4440 PGA BLVD
PALM BEACH GARDENS
33410

FL

Mailing AddressFIRST UNION CENTER, STE 500
4440 PGA BLVD
PALM BEACH GARDENS
33410

FL

2. Principal Place of Business

1834 MASON AVENUE

3. Mailing Address

P.O. BOX 18445

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAYTONA BEACH

FL

City & State

GREENSBORO

NC

4. FEI Number**59-3650752****Applied For**☐ Not ApplicableZip
33217

Country

Zip
27419

Country

5. Certificate of Status Desired☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**CT CORPORATION SYSTEM
1200 S PINE ISLAND RDPLANTATION
33324

US

FL

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 _____ **04/30/2001**

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

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HARRIS KEITH J	
STREET ADDRESS	1ST UNION CENT, STE 500 4440 PGA BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	S	<input type="checkbox"/> Delete
NAME	TILLER MARC R	
STREET ADDRESS	1ST UNION CENT, STE 500 4440 PGA BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUNN RICHARD L	
STREET ADDRESS	1ST UNION CENT, STE 500 4440 PGA BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DONNALLY CHAD	
STREET ADDRESS	1ST UNION CENT, STE 500 4440 PGA BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NIELSEN STEVEN	
STREET ADDRESS	1ST UNION CENT, STE 500 4440 PGA BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLEDGER THOMAS R	
STREET ADDRESS	1ST UNION CENT, STE 500 4440 PGA BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <th>NAME</th> <th><input type="checkbox"/> Change <input type="checkbox"/> Addition</th>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <th>NAME</th> <th><input type="checkbox"/> Change <input type="checkbox"/> Addition</th>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <th>NAME</th> <th><input type="checkbox"/> Change <input type="checkbox"/> Addition</th>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <th>NAME</th> <th><input type="checkbox"/> Change <input type="checkbox"/> Addition</th>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Chad Donnally

PD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)