

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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91015 049 ***150.00

DOCUMENT # *PO1000010660*

1. Entity Name

SELECT STKES, INC.



DO NOT WRITE IN THIS SPACE

54042402

2. Principal Place of Business

324 WATERFORD CR. W.

3. Mailing Address

Suite, Apt. #, etc. *"*

DO NOT WRITE IN THIS SPACE

City & State

TARLTON SPRINGS FL

City & State

"

4. FEL Number

59-3696504

Applied For

Not Applicable

Zip

34688

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *DAVID CATHEY*

Street Address (P.O. Box Number is Not Acceptable)

324 WATERFORD CR. W.

City *TARLTON SPRINGS*

FL

Zip Code *34688*

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

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

David Cathey

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBRs \$61.25

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

TITLE *OWNER*
NAME *DAVID CATHEY*
STREET ADDRESS *324 WATERFORD CR. W.*
CITY-ST-ZIP *TARLTON SPRINGS, FL. 34688*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

David Cathey

DAVID CATHEY

4/24/04

727-944-2894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)