

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90540 020 ***158.75

DOCUMENT # **P01000015832**



1. Entity Name
UNCLE SEL'S ENTERPRISES, INC.

Principal Place of Business
**5606 DOUGLAS STREET
HOLLYWOOD FL 33021**

Mailing Address
**P.O. BOX 694742
MIAMI FL 33269
US**



2. Principal Place of Business

22568 Sawfish Terr

3. Mailing Address

Suite, Apt. #, etc.
Boca Raton

Suite, Apt. #, etc.

City & State
FL

City & State

4. FEI Number **95-1073955**

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip
33428

Country
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOODEN, SELVYN
5606 DOUGLAS STREET
HOLLYWOOD FL 33021**

Name **SELVYN GOODEN**

Street Address (P.O. Box Number is Not Acceptable)
22568 SAW FISH TERRACE

BOCA RATON

City

FL

Zip Code
33428

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-03

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 **D** Delete
NAME **GOODEN, SELVYN**
STREET ADDRESS **5606 DOUGLAS STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
NAME **SELVYN Gooden**
STREET ADDRESS **22568 SAW FISH TERRACE**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** Delete
NAME **GOODEN, COLLEEN**
STREET ADDRESS **5606 DOUGLAS STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
NAME **Colleen Gooden**
STREET ADDRESS **22568 SAW FISH TERRACE**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** Delete
NAME **GOODEN, NICOLE**
STREET ADDRESS **5606 DOUGLAS STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
NAME **Nicole Gooden**
STREET ADDRESS **22568 SAW FISH TERRACE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Selvyn Gooden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03
Date

561-479-0969
Daytime Phone #

CR2E034 (10/02)