

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90024 039 ***150.00

0529766 AV

DOCUMENT # P01000026958
 1. Entity Name
SEL W.V. DEVELOPMENT NO. 4, INC.

Principal Place of Business Mailing Address
~~722 SHAMROCK BLVD.~~ ~~722 SHAMROCK BLVD.~~
~~VENICE FL 34293~~ ~~VENICE FL 34293~~

2. Principal Place of Business 3. Mailing Address
PO BOX 943
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NOKOMIS, FL **OSPREY, FL**
 Zip Country Zip Country
34275 **US** **34229** **US**

4. FEI Number Applied For
62-1098156 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~SEIDER, WILLIAM M~~
~~200 SOUTH ORANGE AVENUE~~
~~SARASOTA FL 34238~~

7. Name and Address of New Registered Agent
 Name
STEPHEN E. LATTMANN
 Street Address (P.O. Box Number is Not Acceptable)
PO BOX 943
 City
OSPREY NOKOMIS FL Zip Code
34275

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 *[Signature]* DATE **4/1/02**
Signature of the named name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D LATTMANN, STEPHEN E POST OFFICE BOX 943 OSPREY FL 34229-0943	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *[Signature]* DATE: **4/1/02** (941) 918-2129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)