

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91763 042 ***150.00

DOCUMENT # P01000053338

1. Entity Name
SELWONK STRUCTURES, INC.



Principal Place of Business
**4449 US HWY 27 NORTH
LAKE WALES FL 33853**

Mailing Address
**P.O. BOX 1850
EAGLE LAKE FL 33839**



2. Principal Place of Business

24218 US Hwy 27

3. Mailing Address

P.O. Box 1184

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

LK Wales, FL

City & State

Eagle LK, FL

4. FEI Number

59-3735658 59-373

Applied For

Not Applicable

Zip

Country

33853 USA

Zip

Country

33839-1184 USA

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

**KNOWLES, DALE T
4449 US HWY 27 NORTH
LAKE WALES FL 33853**

Name **SAME**

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

24218 US Hwy 27

City

LK. Wales

FL

Zip Code

33853

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

Dale T Knowles

5-1-03

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

(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

See notes

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 ☐ Delete
NAME **P**
STREET ADDRESS **KNOWLES, DALE T**
CITY-ST-ZIP **750 AVE. C, S.W.
WINTER HAVEN FL 33880**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **KNOWLES, SHARON E**
CITY-ST-ZIP **750 AVE. C, S.W.
WINTER HAVEN FL 33880**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Sharon Knowles

Sharon Knowles

5-1-03

8636799656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)