

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name

SELECT ONE REALTY, INC.



FILED

03 OCT 14 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
405 SECOND STREET
SUITE A
SAFETY HARBOR FL 34695

Mailing Address
PO BOX 644
SAFETY HARBOR FL 34695

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3738145

Applied For

Not Applicable

Zip

Country

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

BRYANT, CAROL A
2000 PHILIPPE COURT
SAFETY HARBOR FL 34695

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 P
NAME BRYANT, CAROL A
STREET ADDRESS 2000 PHILIPPE COURT
CITY-ST-ZIP SAFETY HARBOR FL 34695

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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:

Signature Required

8/19/03

727-418-1022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2ED034 (4/03)

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Select One Realty, Inc.
405 2nd Street South
Safety Harbor, FL 34695

September 9, 2003

Florida Department of State
UBR
PO Box 1500
Tallahassee, FL 32302-1500

RE: 2003 UBR-EIN# 59-3738145

Dear Sirs:

I sent in a letter with my form dated 8/12/2003 and fee of \$150.00.

I failed to correctly state that I did not receive my 1st notice earlier this Year. I was away for over 30 days and the post office closed my PO Box At: PO BOX 644, Safety Harbor, FL 34695, at which address the notice was Mailed.

Due to the Post Office error, some of my mailed was returned or lost I was not aware of the possible receipt of the notice or that I had a deadline to meet at the time. Until I received the 2nd notice and called my CPA for his assistance. I did not intentionally file a late report.

I respectfully request the late fee of \$400 be abated since this will cause a financial hardship due to a decrease in business activity and illness.

Regards,

Carol Adele Bryant, President
Phone: 727-726-7788