

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

4/25

FILED
Jun 30, 2003 8:00 am
Secretary of State

04-25-2003 90128 044 ***150.00

DOCUMENT # P02000099369

1. Entity Name

SELZ MARINE INTERNATIONAL, INC.



Principal Place of Business
3105 NE 28TH ST. #4C
FT. LAUDERDALE FL 33308

Mailing Address
3105 NE 28TH ST. #4C
FT. LAUDERDALE FL 33308

55050143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
D. SELZ, JOE
3105 NE 28TH ST. #4C
FT. LAUDERDALE FL 33308

☐ Delete

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

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☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-03 954 553 9762

CR2E034 (10/02)

attachment

55050143

PD200009936

FLORIDA DEPARTMENT OF STATE =

I WAS OUT OF THE COUNTRY
FOR 3 WEEKS, THIS IS MY FEI
NUMBER YOU NEEDS. THANKS FOR
YOUR HELP JOE SEIZ
THANKS.

56-2292980

CALL IF ANY QUESTIONS 954-553-9762

I WAS OUT OF THE COUNTRY FROM JUNE 2
TO 26