

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90700 045 ***150.00

DOCUMENT # P02000118400

1. Entity Name
SELING LATH, INC.



Principal Place of Business
1208 PAWNEE TERRACE
INDIAN HARBOUR BEACH FL 32937
US

Mailing Address
1208 PAWNEE TERRACE
INDIAN HARBOUR BEACH FL 32937
US



2. Principal Place of Business
1208 Pawnee Terrace
Suite, Apt. #, etc.

3. Mailing Address
1208 Pawnee Terrace
Suite, Apt. #, etc.

City & State
Indian Harbor Bch, FL NHA
Zip **32937** **Country** **US**

City & State
Indian Harbor Beach FL
Zip **32937** **Country** **US**

4. FEI Number **04-3728177** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

SELING, JOHN W III
1208 PAWNEE TERRACE
INDIAN HARBOUR BEACH FL 32937

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

TITLE **D,P** ☐ **Delete**
NAME **SELING, JOHN W III**
STREET ADDRESS **1208 PAWNEE TERRACE**
CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

321-777-8704

Date

Daytime Phone #

CR2E034 (10/02)