

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2002 90024 040 ***150.00

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DOCUMENT #	P93000081516
1. Entity Name	
SEL W.V. DEVELOPMENT NO. 1, INC.	

Principal Place of Business	Mailing Address
722 SHAMROCK BLVD. VENICE FL 34290 US	PO BOX 943 OSPNEY FL 34229-0943 US

2. Principal Place of Business	3. Mailing Address
3718 SANDSPUR LA	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

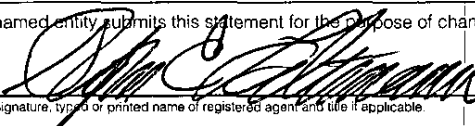
City & State	City & State
NOKOMIS FL	
Zip	Country
34275	

4. FEI Number	Applied For
65-0463661	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SEIDER, WILLIAM M. 200 SOUTH ORANGE AVENUE SARASOTA FL 34236

7. Name and Address of New Registered Agent
Name STEPHEN E. LATTMANN
Street Address (P.O. Box Number is Not Acceptable)
3718 SANDSPUR LA
City 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  DATE 4/1/02
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	PVSD
STREET ADDRESS	LATTMANN, STEPHEN E.
CITY-ST-ZIP	2747 ORCHID OAKS DRIVE - 102A SARASOTA FL 34239
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3718 SANDSPUR LA
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:		DATE	4/1/02	DAYTIME PHONE #	(941) 918-2129
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (9/01)