

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90470 001 *1,200.00

DOCUMENT # P94000043690

1. Entity Name
S I I K, INC.

Principal Place of Business
**35000 EMERALD COAST PKWY
DESTIN FL 32541
US**

Mailing Address
**P.O. BOX 30
DESTIN FL 32540
US**

11971



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

160 Rent Quest International, Inc

530 Oak Court Dr Suite 360

Memphis TN

4. FEI Number **59-3256221**

Applied For

Not Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

38117

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
LEVINE, DAVID L
530 OAK CT DR., STE 360
MEMPHIS TN 38117** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SRVP
OLIN, JAMES S
530 OAK CT DR., STE 360
MEMPHIS TN 38117** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/T
SELBURG, DAVID
530 OAK CT DR., STE 360
MEMPHIS TN 38117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
David Selberg ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SEYMOUR, EDWARD
35000 EMERALD COAST PARKWAY
DESTIN FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/coo ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
MURPHY, J. SCOTT
530 OAK CT DR., STE 360
MEMPHIS TN 38117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/Gen ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
STANDARD, KELLEY B
530 OAK CT DR., STE 360
MEMPHIS TN 38117** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/Gen
m Ronald Halpern
530 Oak Court Dr. Suite 360
Memphis, TN 38117** ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)