## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 04, 2000 8:00 am Secretary of State DOCUMENT # **P96000000854** SELPH REAL ESTATE, INC. 03-04-2000 90047 006 \*\*\*150.00 Principal Place of Business Mailing Address 3129 U.S. 27 SOUTH 3129 U.S. 27 SOUTH SEBRING FL 33870 SEBRING FL 33870 U D O D D O A A O 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0654416 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SELPH. L E Street Address (P.O. Box Number is Not Acceptable) 3129 U.S. 27 SOUTH SEBRING FL 33870 City Zip Code FI. 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SELPH. L E NAME NAME 304 EAST LAKE DRIVE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870 TITLE ☐ Delete TITLE ☐ Change Addition SELPH, DANIEL T NAME NAME STREET ADDRESS 3129 U.S. 27 SOUTH STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADORESS STREET ADDRESS

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.

CITY-ST-ZIP

-- ST-7IP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR