

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071860

1. Entity Name

SELO ENTERPRISES, INC.

Principal Place of Business

15801 COLLECTING CORAL RD
LOXAHATCHEE FL 33470
US

Mailing Address

P.O. BOX 190
LOXACHATCHEE FL 33470
US

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 65-0692794

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STILLMAN, EDWARD W
11288 41ST CT N
ROYAL PALM BEACH FL 33411

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.

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, 2001 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

TITLE PDTS ☐ Delete
NAME STILLMAN, EDWARD W
STREET ADDRESS 11288 41ST CT N
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE CD ☐ Delete
NAME JODY, STANLEY M
STREET ADDRESS 13344 NW 11TH PLACE
CITY-ST-ZIP SUNRUE FL 33323

TITLE D ☐ Delete
NAME GOLDMAN, LARRY
STREET ADDRESS 20901 ST ANDREWS BLVD 5
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ Delete
NAME SORREN, WILLIAM
STREET ADDRESS 1500 W 25TH ST
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME SODY, STANLEY M.
STREET ADDRESS SUNRISE FL 33323
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3195 SHARP ROAD
CITY-ST-ZIP GLENWOOD MD 21738

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

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

TITLE ☐ Change ☐ 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: *Edward W. Stillman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

561-793-7585

Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90003 036 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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