

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000104390

1. Entity Name

SELECT MATERIALS, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90088 043 ***150.00

Principal Place of Business

Mailing Address

715 ORANGE ST
AUBURNDALE FL 33823

P.O. BOX 334
LAKE HAMILTON FL 33851-0334

2. Principal Place of Business

3. Mailing Address

915 US 27 N
Suite, Apt. #, etc.

P.O. Box 895
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LK. HAMILTON, FL

City & State
LAKE HAMILTON, FL

4. FEI Number
59-3415522

Applied For
Not Applicable

Zip
33851

Country
US

Zip
33851-0895

Country
US

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

ROBERTS, JO ANN
8000 LAKE HATCHINEHA ROAD
HAINES CITY FL 33844

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, DONALD D	NAME	
STREET ADDRESS	8000 LAKE HATCHINEHA ROAD	STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	CITY-ST-ZIP	
TITLE	STVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JO ANN	NAME	
STREET ADDRESS	8000 LAKE HATCHINEHA ROAD	STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jo Ann Roberts *Jo Ann Roberts* 3/31/00 863-438-0400

CR2E034 (9/99)