

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2002 90024 037 \*\*\*150.00

0515093 AV

**DOCUMENT # P97000023095**

1. Entity Name

**SEL W.V. DEVELOPMENT NO. 2, INC.**

Principal Place of Business

~~722 SHAMROCK BLVD.~~

~~VENICE FL 34290~~

US

Mailing Address

POST OFFICE BOX 943

OSPNEY FL 34229-0943

US

2. Principal Place of Business

**3718 SANDSPUR LA.**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**NOKOMIS, FL**

Zip

**34275**

Country

City & State

Zip

Country

4. FEI Number

**65-0757017**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~SEIDER, WILLIAM M~~

~~200 SOUTH ORANGE AVE~~

~~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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**4/1/02**

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

TITLE ☐ Delete

NAME **PSD LATTMANN, STEPHEN E MR.**

STREET ADDRESS ~~2747 ORCHID OAKS DRIVE 102A~~

CITY-ST-ZIP ~~SARASOTA FL 34230~~

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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

**3718 SANDSPUR LA**

STREET ADDRESS

**NOKOMIS, FL 34275**

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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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:

*[Signature]*  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/02** (941) 912-2129

Date

Daytime Phone #

CR2E034 (9/01)