

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90029 034 ***150.00

DOCUMENT # P97000023097

1. Entity Name

SEL PLANTATION DEVELOPMENT NO. 2, INC.

Principal Place of Business

Mailing Address

~~722 SHAMROCK BLVD.~~

PO BOX 943

~~VENICE FL 34239~~

OSPNEY FL 34229-0943

US

US

2. Principal Place of Business

3. Mailing Address

3718 SANDSPUR LA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NOKONIS, FL

Zip

Country

Zip

Country

34275

4. FEI Number

65-0753345

Applied For

Not Applicable

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

DE I

Name

STEPHEN E. LATTMANN

Street Address (P.O. Box Number is Not Acceptable)

3718 SANDSPUR LA.

City

NOKONIS

FL

Zip Code

34275

~~SEIDER, WILLIAM M~~
~~200 SOUTH ORANGE AVENUE~~
~~SARASOTA FL 34836~~

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **LATTMANN, STEPHEN E MR.**
STREET ADDRESS **2747 ORCHID OAKS DRIVE**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☒ Change ☐ Addition
NAME **3718 SANDSPUR LA**
STREET ADDRESS **NOKONIS, FL 34275**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 #

0515089 AV

CR2E034 (9/01)