FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am DOCUMENT # P97000051609 **Secretary of State** 1. Entity Name 01-16-2002 90196 040 ***150.00 SELLS ENTERPRISES INC. Principal Place of Business Mailing Address 12711 U.S. HWY 19 9640 RIDGE RD NEW PORT RICHEY FL 34654 HUDSON FL 34667 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 59-3452363 Not Applicable Zip Country Zin 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 SELLS, DUANE A Street Address (P.O. Box Number is Not Acceptable) 9640 RIDGE ROAD **NEW PORT RICHEY FL 34654** City 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE TITLE ☐ Addition ☐ Delete NAME NAME SELLS, DUANE A STREET ADDRESS 9640 RIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL 34654 Addition TITLE ☐ Delete TITLE VP NAME NAME SELLS, BRIAN S STREET ADDRESS STREET ADDRESS 9640 RIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34654** ☐ Addition Delete TITLE NAME NAME SELLS, CAROLYN S STREET ADDRESS STREET ADDRESS 9640 RIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34654** Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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

SIGNATURE:

of the corporation or the receiver or trustee changed, or on an attachment with an add

RTURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR