

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052822

1. Entity Name

SELECT EXPRESS, INC.

FILED

Mar 24, 2000 8:00 am  
Secretary of State

03-24-2000 90098 034 \*\*\*158.75

Principal Place of Business

1905 43RD ST.  
BLDG. A  
TAMPA FL 33605

Mailing Address

1905 43RD ST.  
BLDG. A  
TAMPA FL 33756-1129

2. Principal Place of Business

1665 MYRTLE AVE

Suite, Apt. #, etc.

REAR

3. Mailing Address

1665 MYRTLE AVE

Suite, Apt. #, etc.

REAR

City & State

CLEARWATER FL.

City & State

CLEARWATER FL

Zip

33756

Country

Pinellas

Zip

33756

Country

Pinellas

4. FEI Number

59-3452622

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

SEMENDINGER, RICHARD

1905 43RD ST.

BLDG. A

TAMPA FL 33605

Name

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

1665 MYRTLE AVE

City

CLEARWATER

FL

Zip Code

33756

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

3-21-2000

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

TITLE D  
NAME SEMENDINGER, RICHARD  
STREET ADDRESS 1905 43RD ST., BLDG A  
CITY-ST-ZIP TAMPA FL 33605 ☐ Delete

TITLE PRESIDENT  
NAME RICHARD Semendinger  
STREET ADDRESS 1665 MYRTLE AVE  
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Change ☐ Addition

TITLE D  
NAME MOYER, LARRY  
STREET ADDRESS 1905 43RD ST., BLDG A  
CITY-ST-ZIP TAMPA FL 33605 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 #

RICHARD Semendinger

3-21-2000

727 58454