

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90156 031 ***150.00

DOCUMENT # P97000076578

1. Entity Name

SELLERS ONLY, INC.

Principal Place of Business

420 W. BOYNTON BCH. BLVD.
 SUITE 201
 BOYNTON BEACH FL 33435
 US

Mailing Address

P O BOX 4271
 BOYNTON BEACH FL 33424-4271
 US

2. Principal Place of Business

240 SE 23 AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

Zip

33435

Country

USA

Country

4. FEI Number

65-0815425

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

MATHEWS, GEORGE W III, ESQ
1325 S CONGRESS AVE
SUITE 104
BOYNTON BEACH FL 33426

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 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 **PTD** ☐ Delete
 NAME **WALL, RICHARD T**
 STREET ADDRESS **9108 CHRYSANTHEMUM DR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **PTD** ☒ Change ☐ Addition
 NAME **WALL, RICHARD T.**
 STREET ADDRESS **500 CHAPEL HILL BLVD**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

MATHEWS, GEORGE W III, ESQ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00
 Date

Date

Daytime Phone #

561 736 8290

CR2E034 (9/99)