

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90031 037 ***150.00

DOCUMENT # P98000049865

1. Entity Name
SELBERG ENTERPRISES INCORPORATED

| | |
|---|---|
| Principal Place of Business 4475 HUNTING TRAIL LKE WORTH FL 33467 | Mailing Address 4475 HUNTING TRAIL SUITE 110-C LKE WORTH FL 33467-3532 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 4475 Hunting Trail Suite, Apt. #, etc. | 3. Mailing Address 4475 Hunting Trail Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------------------------|--------------------------------|-----------------------------|-------------------------------|
| City & State Lake Worth, FL | City & State Lake Worth, FL | 4. FEI Number 65-0845463 | Applied For Not Applicable |
|--------------------------------|--------------------------------|-----------------------------|-------------------------------|

| | | | | | |
|--------------|----------------|--------------|----------------|---|--------------------------------|
| Zip 33467 | Country USA | Zip 33467 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--------------|----------------|--------------|----------------|---|--------------------------------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent REUTTER, THOMAS P 12230 FOREST HILL BLVD. SUITE 110-C WELLINGTON FL 33414 | 7. Name and Address of New Registered Agent Name Reutter, Thomas P Street Address (P.O. Box Number is Not Applicable) 12230 Forest Hill Blvd. Suite 310 City Wellington FL Zip Code 33414 |
|---|---|

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 _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|-----------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SELBERG, ANDERS S 4475 HUNTING TRAIL LAKE WORTH FL 33467 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Selberg, Anders U 4475 Hunting Trail Lake Worth, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Anders Selberg 03/20/00 (561) 357 3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attach.
C0048014
P98000049865



Uniform Business Report

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Document Number
P98000049865
Business Entity Name
SELBERG ENTERPRISES INCORPORATED

FEI Number 650845463
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No

Principal Place of Business

Address 4475 HUNTING TRAIL
Suite, Apt. #, etc.
City, State LAKE WORTH FL
Zip Code & Country 33467

Mailing Address

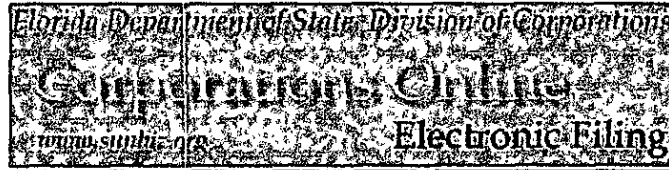
Address 4475 HUNTING TRAIL
Suite, Apt. #, etc.
City, State LAKE WORTH FL
Zip Code & Country 33467

Name And Address of Registered Agent

Name (Last, First, Middle, Title) REUTER THOMAS P
Corporate Name
Address 12230 FOREST HILL BLVD.
Suite, Apt. #, etc. SUITE 310
City, State WELLINGTON FL
Zip Code & Country 33414

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



Uniform Business Report

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Document Number

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Business Entity Name

SELBERG ENTERPRISES INCORPORATED

Election Campaign Financing Trust Fund Contribution Yes No

Current Year Intangible Personal Property Tax Owed Yes No

Officer/Director Name And Address

| | | | |
|-----------------------------------|--------------------|--------|---|
| Title | P/D | | |
| Name (Last, First, Middle, Title) | SELBERG | ANDERS | U |
| Entity Name | | | |
| Street Address | 4475 HUNTING TRAIL | | |
| City, State | LAKE WORTH | FL | |
| Zip Code & Country | 33467 | | |

| | | | |
|-----------------------------------|--|--|--|
| Title | | | |
| Name (Last, First, Middle, Title) | | | |
| Entity Name | | | |
| Street Address | | | |
| City, State | | | |
| Zip Code & Country | | | |

| | | | |
|-----------------------------------|--|--|--|
| Title | | | |
| Name (Last, First, Middle, Title) | | | |
| Entity Name | | | |
| Street Address | | | |
| City, State | | | |
| Zip Code & Country | | | |

Attachment
00048014
#P98000049865

Title

Name (Last, First, Middle, Title)

Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

Entity Name

Street Address

City, State

Zip Code & Country

Add additional Officers/Directors No additional Officers/Directors

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature