

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095607

1. Entity Name
SELYOURART.NET INC.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90009 009 ***150.00

Principal Place of Business

6503 N. MILITARY TRAIL #2607
BOCA RATON FL 33496

Mailing Address

6503 N. MILITARY TRAIL #2607
BOCA RATON FL 33496

2. Principal Place of Business

1120 Portland Ave #3

Suite, Apt. #, etc.

City & State

Orlando FL 32803

Zip

32803

Country

USA

3. Mailing Address

1120 Portland Ave

Suite, Apt. #, etc.

#3

City & State

Orlando FL

Zip

32803

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0965525

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORBES, LYNAAE
852 MILLSTREAM ROAD
PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent

Name: Howard Forman

Street Address (P.O. Box Number is Not Acceptable)
1120 Portland Ave #3

City: Orlando

FL

Zip Code: 32803

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

Howard L Forman
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-10-2001

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, 2001 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

TITLE: PCEO
NAME: FORMAN, HOWARD
STREET ADDRESS: 6503 N. MILITARY TRAIL, #2607
CITY-ST-ZIP: BOCA RATON FL 33496 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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STREET ADDRESS: ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2001

Date

407 894 3352

Daytime Phone #

CR2E034 (10/00)