04-22-2002 90143 009 ***150 00

2002 UNIFORM BUSINESS REPORT (UBR)

S95685

DOCUMENT # 1. Entity Name

SEMINOLE INVESTMENTS, INC.

Princ	ipal F	Place	of	Busines

2401 PGA BLVD. SUITE 280

PALM BEACH GARDENS FL 33410

2. Principal Place of Business

Suite, Apt. #, etc.

33401

Mailing Address

2401 PGA BLVD.

Suite 305

SUITE 280

PALM BEACH GARDENS FL 33410

City & State West Palm Beach, FL

3. Mailing Address One North Clematis Street

One North Clematis Street Suite, Apt. #, etc.

Suite 305 West Palm Beach, FL

UŚA

33401

Country USA

DO NOT WRITE IN THIS SPACE

Applied For 65-0522354 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired П Fee Required

6. Name and Address of Current Registered Agent

WIENER, DAVID J 2401 PGA BLVD.

SUITE 280

PALM BEACH/GARDENS FL 33410

David J. Wiener

Street Address (P.O. Box Number is Not Acceptable)
One North: Clematis Street

4. FEI Number

Suite 305

(NOTE: Registered Agent signature required when reinstating)

West Palm Beach

Zin Code 1 FL

The above had nit∮ this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

9. This corporation is eligible to satisfy its Intangible

d name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

7. Name and Address of New Registered Agent

\$5.00 May Be Added to Fees

Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPS **DPS** * Change TITLE ☐ Delete TITLE Addition PRESTON, JOHN W S Preston, John W.S. NAME NAME 2401 PGA BLVD. One North Clematis Street, Suite 305 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, FL 33401 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 of 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 of 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 of 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 of 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 of 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 of 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 of 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 of the corporation of the corpora

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-835-1810

Daytime Phone #