

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90350 027 ***150.00

DOCUMENT # **688323**
1. Entity Name
SEG, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1291 S. Pompano PKWY
Suite, Apt. #, etc.
B1
City & State
Pompano Beach, FL
Zip
33069 Country
US

3. Mailing Address
1291 S. Pompano PKWY
Suite, Apt. #, etc.
B1
City & State
Pompano Beach, FL
Zip
33069 Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2049961 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
GAFFE, SANFORD
Street Address (P.O. Box Number Is Not Acceptable)
1291 S. POWERLINE Rd
City
Pompano Beach FL Zip Code
33069

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	GAFFE, SANFORD PA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Willoughby, Roy 1291 S. Pompano PKWY Pompano Beach, FL 33069	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE: **Roy Willoughby** **Roy Willoughby** **4/30/02** **561-997-2463**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)