2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

FILED DOCUMENT # L75824 Mar 09, 2000 8:00 am **Secretary of State** SOUTHERN EAGLE REALTY, INC. 03-09-2000 90095 031 ***158.75 Principal Place of Business Mailing Address 5300 GMDES CUTOFF RD. 5300 Gimpes Cutoff RD. ft. Pier**c**ie fl 34981 FT. PIERCE FL 34981 2. Principal Place of Business in Lucr 3. Mailing Address Indian Killy. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State ty & State 4. FEI Number 65-0195031 15er Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BECHT, EDWARD W. 321 S. SECOND ST. FT. PIERCE FL 34950 changing As registered office or registered agent, or both, in the State of Florida 8. The above named entity so nits this statem SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE TITLE BUSCH, PETER W. NAME NAME STREET ADDRESS STREET ADDRESS 5300 GLADES CUTOFF RD CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL ☐ Change Addition TITLE Delete TITLE NAME TRABULSY, PAUL NAME STREET ADDRESS 5300 GLADES CUTFOFF RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL President/ Director TITLE Addition TITLE ☐ Delete Lillian Beacht. 12521 S. Indian River Dr. Jenson Beach F1.34957 Change BECHT, LILLIAN "" NAME NAME STREET ADDRESS 5300 GLADES CUTOFF RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 hus and accurate any 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 empowared to execute this leport 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 tike empowers. SIGNATURE: