


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90634 031 ***150.00

DOCUMENT # L75824
1. Entity Name
SOUTHERN EAGLE REALTY, INC.



Principal Place of Business
**7501 S INDIAN RIVER DR
FORT PIERCE FL 34982**

Mailing Address
**7501 SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34982**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0195031**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BECHT, LILLIAN J
7501 SOUTH INDIAN RIVER DR
FORT PIERCE FL 34982**

7. Name and Address of New Registered Agent
Name **Lillian Gray**
Street Address (P.O. Box Number is Not Acceptable) **7501 S Indian River Dr**
City **Fort Pierce** FL Zip Code **34982**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lillian Gray PD* (NOTE: Registered Agent signature required when reinstating) DATE **3/20/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECHT, LILLIAN 7501 SOUTH INDIAN RIVER DRIVE FT PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lillian Gray PD* DATE: **3/20/13** DAYTIME PHONE #: **7724645520**

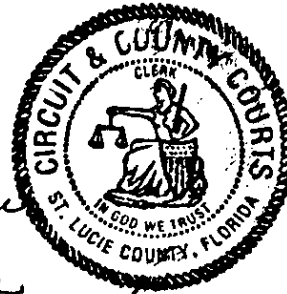
CR2E034 (10/02)

Attachment # 80061620
L75824

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

(STATE FILE NUMBER)

STATE OF FLORIDA
ST. LUCIE COUNTY
THIS IS TO CERTIFY THAT THIS IS A
TRUE AND CORRECT COPY OF THE
ORIGINAL.



date ret'd OCTOBER 28, 2002
by cynthia dianna hamilton
bk99pg435

JOANNE HOLMAN, CLERK
BY *Cynthia D. Hamilton*
Deputy Clerk

02 669F OATH ml 1112
(APPLICATION NUMBER) DATE *October 28, 2002*

APPLICATION TO MARRY			
1. GROOM'S NAME (First, Middle, Last) HARRY DREW GRAY		2. DATE OF BIRTH (Month, Day, Year) 3-MAY-1948--	
3a. RESIDENCE - CITY, TOWN, OR LOCATION FORT PIERCE	3b. COUNTY SAINT LUCIE	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) TEXAS
5a. BRIDE'S NAME (First, Middle, Last) LILLIAN MARY BECHT		5b. MAIDEN SURNAME (If different) JACOBUS	
6. DATE OF BIRTH (Month, Day, Year) 17 -FEB-1959		7a. RESIDENCE - CITY, TOWN, OR LOCATION FORT PIERCE	
7b. COUNTY SAINT LUCIE		7c. STATE FLORIDA	
8. BIRTHPLACE (State or Foreign Country) NEW JERSEY			

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Harry Drew Gray</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) SEPTEMBER 27, 2002
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Janet Sammler</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Lillian Mary Becht</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) SEPTEMBER 27, 2002
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Janet Sammler</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

COUNTY ISSUING LICENSE SAINT LUCIE	18. DATE LICENSE ISSUED SEPT 27, 2002	18a. DATE LICENSE EFFECTIVE SEPT 30, 2002	19. EXPIRATION DATE DEC 3, 2002
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20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Janet Sammler</i>	20b. TITLE DEPUTY CLERK	20c. BY D.C.
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CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 10/26/2002	22. CITY, TOWN, OR LOCATION OF MARRIAGE FT PIERCE, FLORIDA
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Carl L. Junker</i>	23c. ADDRESS (Of person performing ceremony) 706 N 7 ST, FT PIERCE, FL 34950
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) REV DR CARL L JUNKER	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Brian E Becht</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Dianna Junker</i>

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY. NOT TO BE RECORDED.

GROOM	26. SOCIAL SECURITY NUMBER 458-78-2474	27. RACE W	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c	29a. NO. OF THIS MARRIAGE 2	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DEATH	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) FEB 2000
	BRIDE	30. SOCIAL SECURITY NUMBER 266-96-6609	31. RACE W	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c	33a. NO. OF THIS MARRIAGE 2	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) divorce