

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90122 005 ***550.00

DOCUMENT # P01000050719



1. Entity Name
SOUTHEAST GENERAL CONTRACTING AND DEVELOPMENT CORPORATION

Principal Place of Business
**285 SE SANDIA DRIVE
PT ST LUCIE FL 34983**

Mailing Address
**285 SE SANDIA DRIVE
PT ST LUCIE FL 34983**



2. Principal Place of Business
2659 S. Brocksmith Road
Suite, Apt. #, etc.

3. Mailing Address
2659 S. Brocksmith Road
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Fort Pierce, FL

City & State
Fort Pierce, FL

4. FEI Number **74-3030147**

Applied For
 Not Applicable

Zip Country
34945 St. Lucie

Zip Country
34945 St. Lucie

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

6. Name and Address of Current Registered Agent

**RIDOLFO, PHILLIP T JR
777 S FLAGLER DR #300E
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	DUNCAN, DONALD C
STREET ADDRESS	285 SE SANDIA DRIVE
CITY-ST-ZIP	PT ST LUCIE FL 34983
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: SIGNATURE REDNEED DUNCAN 6/7/03 Date 772-370-7437 Daytime Phone #

CR2E034 (10/02)