

2007 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90053 008 ***150.00

DOCUMENT # P 05 000 142 775

1. Entity Name

SOUTHEASTERN EXPORT & EQUIPMENT INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1645 PERSHING RD

Suite, Apt. #, etc.

3. Mailing Address

1645 PERSHING RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3476839

Applied For

Not Applicable

Zip

32205

Country

USA

Zip

32205

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DONNA K KANEER

Street Address (P.O. Box Number is Not Acceptable)

1645 PERSHING RD

City

JACKSONVILLE

FL

Zip Code

32205

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$81.25

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
P D
BRET NIEMETER
4124 BESS ROAD
JACKSONVILLE FL 32277

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P D
ROBERT R. KANEER
1645 PERSHING RD
JACKSONVILLE FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S T
DONNA K. KANEER
1645 PERSHING RD
JACKSONVILLE FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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

ROBERT R KANEER

Robert R Kaneer

5-1-07

904 389-7946