CR2E034 (9/01

Daytime Phone #

FILED

2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State P99000005758 DOCUMENT # 1. Entity Name -09-2002 90027 034 ***150 SOUTH EAST DEVELOPMENT ASSOCIATES, INC. Principal Place of Business Mailing Address 2120 CORPORATE SQUARE BOULEVARD 2120 CORPORATE SQUARE BOULEVARD SUITE 4 SUITE 4 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3578514 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEMANIK, JOHN A Street Address (P.O. Box Number is Not Acceptable) 2120 CORPORATE SQUARE BLVD. SUITE 3 JACKSONVILLE FL 32216 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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. ☐ Delete TITLE Change ☐ Addition TITLE SEMANIK, JOHN A NAME NAME 2120 CORPORATE SQUARE BLVD., SUITE 4 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-7IP CITY-ST-ZIP DVS ☐ Change Addition TITLE ☐ Delete TITLE CARPENTER, KATHERINE NAME NAME 2120 CORPORATE SQ BLVD STE-3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Addition TITLE SEMANIK, ARNOLD J. NAME 2120 CORPORATE SQUAREBLUP - SLITE 3 STREET ADDRESS STREET ADDRESS JACKSONVINE, FL 32216 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition 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 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 Block 12 if changed, or on an attachment with an address, with almost relief empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR