## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900044251

SIGNATURE: \_X

06-06-2001 90003 018 \*\*\*150 00 1. Entity Name SOUTHEASTERN LOG HOMES, INC. Principal Place of Business Mailing Address 203 W. SHOTWELL ST (WEST SUITE) P.C. BOX 16283 BAINBRIDGE GA 31717 TALLAHASSEE FL 32308 Mailing Address P.D. BOX 2. Principal Place of Business 812 Suite, Apt #, etc DO NOT WRITE IN THIS SPACE Applied For 59-3577879 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABBOTT, LEWIS A JR. Street Address (P.O. Box Number is Not Acceptable) 3711 SHAMROCK WEST #(H-138) TALLAHASSEE FL 32308 Zip Code  $\mathsf{FL}$ 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 4 or printed name of registered agent and little if applicable (NO" : Registered Agent's gnature required when DATE 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, 2: 11 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change : Addition TITLE Delete TITLE Abbott, Lewis A. Sr. ABBOTT, LEWIS A JR. NAME NAME 1411 Russell Street STREET ADDRESS 3711 SHAMROCK WEST #H-138 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP Bainbridge, Qa, 31717 Delete TITLE 4ddition TITLE Abboti. Hope A ABBOTT, HOPE A NAME NAME 1411 Russell Street 3711 SHAMROCK WEST #H-138 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Bainbridge Ga. 3171 ☐ Addilion Change ☐ Delete TITLE TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change Addition | MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP វាមន Delete Change ☐ Addition TrTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby or rifly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further certify that the information indicated on this report or supplemental report is true and accurate and that no 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 is sequired 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 like empoyaged.

FILED

Jun 21, 2001 8:00 am

Secretary of State

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