

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 04-05-2001 90033 042 ***158.75

DOCUMENT # V34342

1. Entity Name
SOUTHEAST ELECTRICAL CONSTRUCTION CORPORATION

Principal Place of Business
14013 LAKE MAGDALENE BLVD.
TAMPA FL 33618-2319
US

Mailing Address
14013 LAKE MAGDALENE BLVD.
TAMPA FL 33618-2319
US

2. Principal Place of Business
1514 1/2 8TH. AVE

3. Mailing Address
1514 1/2 8TH. AVE

Suite, Apt. #, etc.
SUITE #2

Suite, Apt. #, etc.
SUITE #2

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

Zip
33605

Country
USA

Zip
33605

Country
USA

6. Name and Address of Current Registered Agent

ECKLEY, SHAWN D
14013 LAKE MAGDALENE BLVD.
TAMPA FL 33618-2319

7. Name and Address of New Registered Agent

Name
ECKLEY, SHAWN D

Street Address (P.O. Box Number is Not Acceptable)
1514 1/2 8TH. AVE

Suite, Apt. #, etc.
SUITE #2

City
TAMPA

State
FL

Zip Code
33605

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 Shawn D Eckley DATE 4-2-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ECKLEY, MITCHELL E 14013 LAKE MAGDALENE BLVD. TAMPA FL 33618-2319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECKLEY, LAWRENCE E 14013 LAKE MAGDALENE BLVD. TAMPA FL 33618-2319	<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

12. 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
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
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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lawrence E. Eckley

4-2-2001

(813) 218-4333

CR2E034 (10/00)