

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000077387

**Entity Name:** SOUTHEAST TIMED EVENT SERIES INC

**Current Principal Place of Business:**

100 MT PILOT ST.  
CANTONMENT, FL 32533

**Current Mailing Address:**

100 MT PILOT ST.  
CANTONMENT, FL 32533 US

**FEI Number: 85-3426575**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROWN, TERRANCE  
1241 CHEMSTRAND RD  
CANTONMENT, FL 32533 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BROWN, BO  
Address 100 MT PILOT ST.  
City-State-Zip: CANTONMENT FL 32533

Title TRE  
Name BROWN, BO  
Address 100 MT PILOT ST.  
City-State-Zip: CANTONMENT FL 32533

Title SEC  
Name BROWN, BO  
Address 100 MT PILOT ST.  
City-State-Zip: CANTONMENT FL 32533

Title VP  
Name BROWN, BO  
Address 100 MT PILOT ST.  
City-State-Zip: CANTONMENT FL 32533

Title DIR  
Name BROWN, BO  
Address 100 MT PILOT ST.  
City-State-Zip: CANTONMENT FL 32533

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BO BROWN**

**PRESIDENT**

**05/11/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date