

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90080 018 ***150.00

DOCUMENT # 175104

1. Entity Name
SOUTHEASTERN HOUSEWARES & GIFTS, INC.

Principal Place of Business
3606 POINT PLEASANT RD
P.O. BOX 56256
JACKSONVILLE FL 32241

Mailing Address
3606 POINT PLEASANT RD
P.O. BOX 56256
JACKSONVILLE FL 32241



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9601 SOUTHBROOK DRIVE

3. Mailing Address
9601 SOUTHBROOK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#E227

#E227

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

4. FEI Number **59-0700232**

Applied For

Not Applicable

Zip
32256

Country

Zip
32256

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAAS, LOUIS O
3606 POINT PLEASANT ROAD
JACKSONVILLE FL 32217

Name
HAAS, LOUIS O
 Street Address (P.O. Box Number is Not Acceptable)
9601 SOUTHBROOK DRIVE #E227
 City
JACKSONVILLE FL Zip Code
32256

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 *Louis O. Haas*

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

(NOTE: Registered Agent signature required when reinstating)

4/25/02

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAAS, LOUIS O 3606 PT. PLEASANT ROAD JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEE, DARLA 2465 BISHOPS ESTATES RD JACKSONVILLE FL	<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	PD HAAS, LOUIS O 9601 SOUTHBROOK DRIVE #E227 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERDELYI, DARLA 2465 BISHOPS ESTATES RD JACKSONVILLE, FL	<input checked="" 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:

Louis O. Haas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS O HAAS

Date

Daytime Phone #

CR2E034 (9/01)