

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90495 010 ***158.75

0327543

DOCUMENT # 288387

1. Entity Name

UNITED SOUTHEASTERN ATLANTIC, INC

Principal Place of Business

**2200 SO OCEAN BLVD
 APT 908
 DELRAY BCH FL 33483
 US**

Mailing Address

**PO BOX 832032
 DELRAY BCH FL 33483
 US**

2. Principal Place of Business

1730 S. FEDERAL HWY.

3. Mailing Address

Suite, Apt. #, etc.

225

City & State

DELRAY BEACH, FL

City & State

4. FEI Number **59-1160513**

Applied For

Not Applicable

Zip

33483

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LIPOFSKY, JOSEPH
 2200 S OCEAN BLVD
 #908
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

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, 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 **PD** ☐ Delete
 NAME **LIPOFSKY, JOSEPH**
 STREET ADDRESS **2200 SO OCEAN BLVD #908**
 CITY-ST-ZIP **DELRAY BCH FL**

TITLE **STD** ☐ Delete
 NAME **LIPOFSKY, PAMELA**
 STREET ADDRESS **2200 SO OCEAN BLVD #908**
 CITY-ST-ZIP **DELRAY BCH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 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 all other like empowered.

SIGNATURE: **JOSEPH LIPOFSKY - PRESIDENT**

3-26-2001

561-445-2140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)