

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90230 003 \*\*\*550.00

**DOCUMENT # 320050**

1. Entity Name

**SOUTHEAST INVESTMENTS INC OF FLORIDA**

Principal Place of Business

Mailing Address

~~P.O. BOX 271428~~  
TAMPA FL 33688

~~P.O. BOX 271428~~  
TAMPA FL 33688

10725 LAKE ALICE COVE  
ODESSA, FL 33556

2. Principal Place of Business

10725 LAKE ALICE COVE

3. Mailing Address

10725 LAKE ALICE COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Odessa FL

City & State

Odessa FL

Zip

33556

Country

USA

Zip

33556

Country

USA

4. FEI Number **59-1210816**

Applied For

Not Applicable

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

STAFFORD, S.L.  
14218 N. FLORIDA AVENUE  
TAMPA FL 33613

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **DSTP** ☐ Delete  
STREET ADDRESS **DAVIS, EDNA R**  
CITY-ST-ZIP **10725 LAKE ALICE COVE**  
**ODESSA FL 33556**

TITLE  
NAME **DVP** ☐ Change ☒ Addition  
STREET ADDRESS **JANCY BARKER**  
CITY-ST-ZIP **10725 LAKE ALICE COVE - A**  
**ODESSA FL 33556**

TITLE  
NAME **DP** ☒ Delete  
STREET ADDRESS **IDELSON, SAMUEL**  
CITY-ST-ZIP **1957 N. HONORE AVENUE, C104**  
**SARASOTA FL 34235**

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

*Edna R. Davis* / **EDNA R. DAVIS**

**7/25/2001 813/926-4475**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

005563

CR2E034 (10/00)