

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90170 004 ***150.00

0677299 MR

DOCUMENT # **355009**

1. Entity Name
SOUTHEAST MANAGEMENT OF CORAL GABLES, INC.



Principal Place of Business
**370 MINORCA AVE
STE ONE
CORAL GABLES FL 33146**

Mailing Address
**200 S 23RD
STE E-1
BOZEMAN MT 59718**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-1374638**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARTIN, R T
7000 W PALMETTO PK RD.
404
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent


Name **John Thomson**

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

Suite 1

City **CORAL GABLES** FL Zip Code **33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4-18-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STINNETT, RAYMOND C. 1154 ALFONSO AVENUE CORAL GABLES FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. STINNETT, LAVONNE 1154 ALFONSO AVENUE CORAL GABLES FL 33146 <input checked="" type="checkbox"/> Delete <i>deceased 4/15/02</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STINNETT, JAMES B. 1154 ALFONSO AVE. CORAL GABLES FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSFELDT, LINDA G. 1154 ALFONSO AVE CORAL GABLES FL 33146 <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

11. 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
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4-3-03** DAYTIME PHONE # **406-587-9090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)