

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90043 014 \*\*\*150.00

**DOCUMENT # 392270**

1. Entity Name

**SOUTHEASTERN ENVIRONMENTAL ENGINEERING COMPANY**

**R**

Principal Place of Business

365 U. S. HWY 90 WEST  
P O BOX 1236  
CRESTVIEW FL 32536

Mailing Address

365 U. S. HWY 90 WEST  
P O BOX 1236  
CRESTVIEW FL 32536-1236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1372552**

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

**STARKEY, TOM T.**  
**365 U. S. HWY 90 WEST**  
**CRESTVIEW FL 32536**

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, 2000 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  
ST  
STEPHENSON, WAYNE K.  
STREET ADDRESS  
423 NORTH BAYLEN  
CITY- ST- ZIP  
PENSACOLA FL ☐ Delete

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

TITLE  
NAME  
P  
STARKEY, TOM T  
STREET ADDRESS  
365 U. S. HWY 90 WEST  
CITY- ST- ZIP  
CRESTVIEW FL ☐ Delete

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

TITLE  
NAME  
V  
GRICE, JOHN W.  
STREET ADDRESS  
251 PARK LANE AVE  
CITY- ST- ZIP  
CRESTVIEW FL ☐ Delete

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

TITLE  
NAME  
D  
MASON, MARC L  
STREET ADDRESS  
5383 LOWELL MASON RD  
CITY- ST- ZIP  
CRESTVIEW FL 32539 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ 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 reports 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 persons empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/15/00 682-6915*  
Date Daytime Phone #

CR2E034 (9/99)