

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90035 012 ***150.00

DOCUMENT # 392270

1. Entity Name
SOUTHEASTERN ENVIRONMENTAL ENGINEERING COMPANY

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

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

MARC L MASON

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

5383 LOWELL MASON RD

City

CRESTVIEW

FL

Zip Code

32539

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

Marc L. Mason

Marc L. Mason President

2/21/2002

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, 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	D	<input type="checkbox"/> Delete
NAME	MASON, MARC L	
STREET ADDRESS	5383 LOWELL MASON RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARC MASON	
STREET ADDRESS	365W JAMES LEE BLVD.	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JASON CARTER	
STREET ADDRESS	365W JAMES LEE BLVD.	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	1st VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA GARRISON	
STREET ADDRESS	365W JAMES LEE BLVD.	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	2nd VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS E. TURBEVILLE	
STREET ADDRESS	365 W JAMES LEE BLVD.	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	3rd VICEPRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND WARD	
STREET ADDRESS	365W JAMES LEE BLVD.	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Marc L. Mason

Marc L. Mason President

2/21/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)