

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 443140

1. Entity Name

SOUTHEASTERN DRILL & TOOL COMPANY, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90009 007 ***150.00

Principal Place of Business

Mailing Address

3802 E 7TH AVE
PO BOX 5994
TAMPA FL 33675

3802 E 7TH AVE
PO BOX 5994
TAMPA FL 33675-5994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1502484

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EEPOEL (AUGUST M. VAN)
3705 N. HIMES AVENUE
TAMPA FL 33607

Name

DORIS J SPARKS

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

3802 E. 7th AVE

City

TAMPA

FL

Zip Code

33605

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 DORIS J SPARKS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/29/00

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	VDS	<input type="checkbox"/> Delete
NAME	CAISSIE, JANICE R	
STREET ADDRESS	717 FOXGLOVE PL.	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	SPARKS, DORIS J	
STREET ADDRESS	1307 ESTATEWOOD DR	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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: Doris J Sparks Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 813-248-2010

Date

Daytime Phone #

CR2E034 (9/99)