

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90088 038 ***550.00

DOCUMENT # 506946

1. Entity Name
SOUTHEASTERN PERSONNEL MANAGEMENT, INC.

Principal Place of Business Mailing Address
 225 WEST BUSCH BLVD 225 WEST BUSCH BLVD
 TAMPA FL 33612 TAMPA FL 33612

2. Principal Place of Business 3. Mailing Address
3350 Buschwood Park Dr **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAMPA FL **FL**

Zip Country Zip Country
33618 **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1821837** 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

KOCH, TERRY
 225 W. BUSCH BLVD.
 TAMPA FL 33612

Name **TERRY KOCH**
 Street Address (P.O. Box Number is Not Acceptable)
3350 Buschwood Park Dr Suite 200
 City **TAMPA** FL Zip Code **33618**

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 **7/16/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
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 P <input type="checkbox"/> Delete	NAME BRILL, HOWARD	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 215 UNION BLVD., STE. 400	CITY-ST-ZIP LAKWOOD CO 80228	STREET ADDRESS	CITY-ST-ZIP
TITLE EVP <input type="checkbox"/> Delete	NAME LARKIN, ROBERT	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 225 W. BUSCH BLVD.	CITY-ST-ZIP TAMPA FL 33612	STREET ADDRESS	CITY-ST-ZIP
TITLE VPS <input type="checkbox"/> Delete	NAME VIARRIAL, FRED	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS Q15 UNION BLVD., STE. 400	CITY-ST-ZIP LAKWOOD CO 80228	STREET ADDRESS	CITY-ST-ZIP
TITLE VP <input type="checkbox"/> Delete	NAME BOCK, CHRISTOPHER J	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 215 UNION BLVD., STE. 400	CITY-ST-ZIP LAKWOOD CO 80228	STREET ADDRESS	CITY-ST-ZIP
TITLE T <input type="checkbox"/> Delete	NAME KOCH, TERRY	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 225 W. BUSCH BLVD.	CITY-ST-ZIP TAMPA FL 33612	STREET ADDRESS	CITY-ST-ZIP
TITLE CFO <input type="checkbox"/> Delete	NAME HESS, JOHN	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 215 UNION BLVD., STE. 400	CITY-ST-ZIP LAKWOOD CO 80228	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: DATE **7/16/02** (813) 739-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (4/02)