

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 672609

1. Entity Name

SOUTHEAST ENERGY MANAGEMENT CORPORATION

FILED

Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90066 019 ***150.00

Principal Place of Business

Mailing Address

8789 SAN JOSE BLVD
P O BOX 23734
JACKSONVILLE FL 32217
US

P O BOX 23734
P O BOX 23734
JACKSONVILLE FL 32241-3734
US

2. Principal Place of Business

3. Mailing Address

5018 Spring Park Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number

59-2117140

Applied For

Not Applicable

Zip
32207

Country
US

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

PHILLIPS, ROBERT
3916 BARCELONA AVE
JACKSONVILLE FL 32207

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

Robert Phillips, President

3/8/00

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
STREET ADDRESS
CITY-ST-ZIP
S
PHILLIPS, SHELLY W
3916 BARCELONA AVE
JACKSONVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVT
PHILLIPS, ROBERT
3916 BARCELONA AVE.
JACKSONVILLE FL ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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 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 any other like empowered.

SIGNATURE:

Robert Phillips

3/8/00

Date

9047376706

Daytime Phone #

CR2E034 (9/99)