

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90133 020 ***158.75

DOCUMENT # 672609

1. Entity Name
SOUTHEAST ENERGY MANAGEMENT CORPORATION

Principal Place of Business

5018 SPRING PARK RD
JACKSONVILLE FL 32207
US

Mailing Address

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

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 **59-2117140**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, SHELLY W	
STREET ADDRESS	3916 BARCELONA AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PVTD	<input type="checkbox"/> Delete
NAME	PHILLIPS, ROBERT	
STREET ADDRESS	3916 BARCELONA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Atkins, Roger A.	
STREET ADDRESS	8900 Keystone Crossing, Ste 100	
CITY-ST-ZIP	Indianapolis, IN 46240	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phillips, Robert	
STREET ADDRESS	3916 Barcelona Ave.	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	V2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sullivan, John	
STREET ADDRESS	8900 Keystone Crossing, Ste 100	
CITY-ST-ZIP	Indianapolis, IN 46240	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katz, Marc P.	
STREET ADDRESS	8900 Keystone Crossing, Ste 100	
CITY-ST-ZIP	Indianapolis, IN 46240	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bontrager, Brett	
STREET ADDRESS	8900 Keystone Crossing, Ste 100	
CITY-ST-ZIP	Indianapolis, IN 46240	
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:

[Signature]

Robert Phillips, President

2/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904 4376706

CR2E034 (9/01)