

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 690427

1. Entity Name
SOUTHEAST PROFESSIONAL SALES, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90355 029 ***150.00

Principal Place of Business
80 ROYAL PLAM BLVD
STE 202
VERO BCH FL 32960
US

Mailing Address
PO BOX 6729
P.O. BOX 6729
VERO BCH FL 32961-6729
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
80 Royal Palm Pointe

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Vero Beach FL

City & State

4. FEI Number 59-2116593

Applied For
Not Applicable

Zip Country
32960 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

EVANS, RALPH L ESQ.
3355 OCEAN DR
VERO BEACH FL 32963

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, 2001 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 PD
NAME LESSARD, GERALD L
STREET ADDRESS 80 ROYAL PALM BLVD
CITY-ST-ZIP VERO BCH FL

TITLE
NAME
STREET ADDRESS 80 Royal Palm Pointe
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00/26/01

Daytime Phone #

CR2E034 (10/00)