

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 843130**

1. Entity Name

SOUTHEAST CARLSON ASSOCIATES, INC.**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90128 016 ***150.00

Principal Place of Business

**17210 CAMPBELL RD
STE 260
DALLAS TX 75252
US**

Mailing Address

**17210 CAMPBELL RD
STE 260
DALLAS TX 75252
US**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **04-2263310**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUNTER, DANIEL	
STREET ADDRESS	17210 CAMPBELL RD #260	
CITY-ST-ZIP	DALLAS TX 75252	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIAM R	
STREET ADDRESS	17210 CAMPBELL RD #260	
CITY-ST-ZIP	DALLAS TX 75252	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRASER, WILLIAM	
STREET ADDRESS	17210 CAMPBELL RD # 260	
CITY-ST-ZIP	DALLAS TX 75252	

TITLE	S	<input type="checkbox"/> Delete
NAME	ROSEN, MICHAEL	
STREET ADDRESS	17210 CAMPBELL RD #260	
CITY-ST-ZIP	DALLAS TX 75252	

TITLE	V	<input type="checkbox"/> Delete
NAME	MELAS, GEORGE	
STREET ADDRESS	17210 CAMPBELL RD #260	
CITY-ST-ZIP	DALLAS TX 75252	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)