

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90010 049 ***550.00

0133205 AT

DOCUMENT # F00000002620

1. Entity Name
SOUTHEASTERN EMERGENCY EQUIPMENT CO., INC.

Principal Place of Business

P.O. BOX 1196
 WAKE FOREST NC 27588

Mailing Address

P.O. BOX 1196
 WAKE FOREST NC 27588

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 **56-1246302**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STOWELL, WAYNE
10045 87TH STREET NORTH
LARGO FL 33777

7. Name and Address of New Registered Agent

Name **Steve Carlson**
 Street Address (P.O. Box Number is Not Acceptable) **774 Haddonstone Circle, Apt. 202**
 City **Hearthrow** **FL** Zip Code **32746**

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 \$550.00
After September 12, 2001 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

TITLE NAME **PCT PLEASANTS, DONALD** ☐ Delete
 STREET ADDRESS **1753 PASTURE WALK DRIVE**
 CITY-ST-ZIP **WAKE FOREST NC 27588**

TITLE NAME **VCS COLLIE, NIKKI P** ☐ Delete
 STREET ADDRESS **1883 FLAT ROCK CHURCH ROAD**
 CITY-ST-ZIP **LOUISBURG NC 27549**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS **4821 DURNELL ROAD**
 CITY-ST-ZIP **WAKE FOREST, NC 27587**

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

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

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TITLE NAME ☐ Change ☐ Addition
 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:

Donald Pleasants
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

919-556-1890

CR2E034 (5/01)