

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90118 050 ***150.00

0623662 AT

DOCUMENT # F01000004822

1. Entity Name
SESCO SOUTHEAST, INC.



Principal Place of Business
~~218 BRUSHY MEADOWS DR.~~
~~GREER SC 29650-1020~~
280 LINDEN RD
CANNONBURG, PA 15317

Mailing Address
~~218 BRUSHY MEADOWS DR.~~
~~GREER SC 29650-1020~~
Same

2. Principal Place of Business
280 LINDEN ROAD
Suite, Apt. #, etc.

3. Mailing Address
280 LINDEN ROAD
Suite, Apt. #, etc.

City & State
CANONSBURG, PA
Zip
15317
Country
USA

City & State
CANONSBURG, PA
Zip
15317
Country
USA

4. FEI Number **50-2254730**
16-1657480
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LACROIX, ANDRE
1591 SW CTY RD 769
ARCADIA FL 34266

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert R. Isminger, Jr. / PRES.**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4/14/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **ISMINGER JR, ROBERT R**
STREET ADDRESS **218 BRUSHY MEADOWS DR. 280 LINDEN RD**
CITY-ST-ZIP **GREER SC Cannonburg PA 15317**

TITLE **Note** ☐ Delete
NAME **South Carolina Corporation**
STREET ADDRESS **was rechartered in PA and**
CITY-ST-ZIP **assigned a new Fed'l I.D. #.**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert R. Isminger, Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 **724-350-0902**
Date Daytime Phone #

CR2E034 (10/02)