

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0091680 AV

DOCUMENT # F93000001203

1. Entity Name
SOUTHERN MARKETING ASSOCIATES, - SE, INC.



FILED

03 FEB -4 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2180 STATE ROAD 434 WEST, SUITE 1124
LONGWOOD FL 32779

Mailing Address
2180 STATE ROAD 434 WEST, SUITE 1124
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-1515928

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNYDER, CHARLES R
2180 SR 434 W STE 1124
LONGWOOD FL 32779

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MITCHELL, W A
STREET ADDRESS 209 SUTTON WICK RD
CITY-ST-ZIP PASADENA MD 21122

☐ Change ☐ Addition
000012218110
02/10/03--01023--006 **200.00

TITLE V ☐ Delete
NAME RICE, CHARLES M
STREET ADDRESS 7200 SUNSHINE SKYWAY LANE STE 9B
CITY-ST-ZIP SAINT PETERSBURG FL 33711

☐ Change ☐ Addition

TITLE V ☐ Delete
NAME SNYDER, CHARLES R.
STREET ADDRESS 2180 SR 434 W. STE 1124
CITY-ST-ZIP LONGWOOD FL

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)