

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90371 019 \*\*\*150.00

**DOCUMENT # F98000003092**

1. Entity Name

**THE FINANCIAL GROUP SOUTHEAST INC.**

Principal Place of Business

**2 CLINTON SQ., SUITE 160  
 THE ATRIUM  
 SYRACUSE NY 13202**

Mailing Address

**2 CLINTON SQ., SUITE 160  
 THE ATRIUM  
 SYRACUSE NY 13202**

2. Principal Place of Business

**100 Metropolitan Park Dr  
 Suite, Apt. #, etc.  
 101**

3. Mailing Address

**100 Metropolitan Park Dr  
 Suite, Apt. #, etc.  
 101**

City & State

**LIVERPOOL N.Y.**

City & State

**LIVERPOOL N.Y.**

Zip

**13088 USA**

Zip

**13088 USA**

4. FEI Number

**16-1494867**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NICOLLI, RONALD**

**2060 NORTH WEST BOCA RATON BLVD.**

**#5**

**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

**Ronald Nicolli**

Street Address (P.O. Box Number is Not Acceptable)

**632 Snug Harbor Dr D-12**

City

**Boynton Beach**

FL

Zip Code

**33435**

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

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

(NOTE: Registered Agent signature required when reinstating)

**1-4-02**

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, 2002 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** ☐ Delete  
 NAME **NICOLLI, RONALD**  
 STREET ADDRESS **135 SUNHARBOR DRIVE**  
 CITY-ST-ZIP **LIVERPOOL NY 13088**

TITLE **S** ☐ Delete  
 NAME **SIRACUSA, JOSEPH**  
 STREET ADDRESS **2001 JAMES STREET**  
 CITY-ST-ZIP **SYRACUSE NY-13206**

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

12. 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

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

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

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

TITLE ☐ Change ☐ 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 an officer like empowered.

SIGNATURE

*Ronald Nicolli* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-4-02**

Date

**315 424-0116**

Daytime Phone #

CR2E034 (9/01)