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

## Jan 23, 2001 8:00 am Secretary of State DOCUMENT # F9900002644 SOUTHEAST HOLDINGS OF TEXAS, INC. 01-23-2001 90036 034 \*\*\*150.00 Mailing Address Principal Place of Business 310 HOWZE BEACH LANE 310 HOWZE BEACH LANE SLIDELL LA 70461 SLIDELL LA 70461 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 72-1358840 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOYT C. MURPHY, INC. REALTORS Street Address (P.O. Box Number is Not Acceptable) 411 NORTH U.S. #1 FT. PIERCE FL 34950 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete President TITLE TITLE Chris Jean POWELL, J. BRENT NAME NAME 100 Logan Drive STREET ADDRESS STREET ADDRESS 144 CHAMALE Pearl River, LA 70452 CITY-ST-ZIP CITY-ST-ZIP SLIDELL LA 70460 Vice President Change ☐ Addition Delete TITLE TITLE Mark Summers SMITH, JANICE R NAME NAME Islander Drive 52198 HWY 98 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP dell LA 70461 CITY-ST-ZIP SLIDELL LA 70461 Change ☐ Addition. ☐ Delete TITLE TITLE" - " NAME SMITH, JANICE R NAME STREET ADDRESS STREET ADDRESS 52198 HWY 98 CITY-ST-ZIP CITY-ST-ZIP SLIDELL LA 70461 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NATURE AND TYPED OR PRINTED NAME

01 504-645-9082

FILED