

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90923 031 ***150.00

DOCUMENT # F99000002764

1. Entity Name
SOUTHEAST INVESTMENT SERVICES CORP.



Principal Place of Business
1080 LITTON BOULEVARD, SUITE 106
DELRAY BEACH FL 33444

Mailing Address
1080 LITTON BOULEVARD, SUITE 106
DELRAY BEACH FL 33444



2. Principal Place of Business 25 Pelican Pt Dr Suite, Apt. #, etc. #203B-100		3. Mailing Address 25 Pelican Pt Dr Suite, Apt. #, etc. #203B	
City & State Delray Beach FL 33444		City & State Delray Beach FL	
Zip 33483		Zip 33483	

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0919504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MAIMONE, THOMAS II 1080 LITTON BOULEVARD, SUITE 106 DELRAY BEACH FL 33444	7. Name and Address of New Registered Agent Name: Maimone, Thomas II Street Address (P.O. Box Number is Not Acceptable): 25 Pelican Pt Dr #203 City: Delray Beach FL Zip Code: 33483
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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] **DATE** 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MAIMONE, THOMAS II 1080 LITTON BOULEVARD, SUITE 106 DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	25 Pelican Pt Dr #203 <input type="checkbox"/> Change <input type="checkbox"/> Addition Delray Beach FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/14/03 961 243-8368
Date Daytime Phone #

CR2E034 (10/02)