

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G68099**

1. Entity Name
FIRST SOUTHEASTERN SECURITIES GROUP, INCORPORATE

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90057 018 ***158.75

Principal Place of Business
**1300 NORTH WESTSHORE BLVD., SUITE 135
TAMPA FL 33607
US**

Mailing Address
**500 N. WESTSHORE BLVD.
SUITE 820
TAMPA FL 33609
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 N. WESTSHORE BLVD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 820

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State

4. FEI Number **59-2336999**

Applied For
Not Applicable

Zip
33609

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALE, HENRY A
500 N. WESTSHORE BLVD
820
TAMPA FL 33609**

Name **FRED KRAUS**
Street Address (P.O. Box Number is Not Acceptable)
500 N. WESTSHORE BLVD #820
City **TAMPA** FL **33609**

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 **Fred Kraus**, **FRED KRAUS** **4/26/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Delete
NAME **HALE, HENRY A.**
STREET ADDRESS **500 N. WESTSHORE BLVD**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **FRED KRAUS**
STREET ADDRESS **500 N. WESTSHORE BLVD #820**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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.

SIGNATURE: **Fred Kraus** **FRED KRAUS** **4/26/01** **(813) 286-1172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **EXT 13**

CR2E034 (10/00)