2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G68211

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90004 019 ***150.00

1. Entity Name
SOUTHEASTERN SCIENTIFIC, INC.

Principal Place of Business	Mailing Address
4823 SILVER STAR RD. #130 P.O. BOX 585147 ORLANDO FL 32858	~~4823 SILVER STAR RD. #130~~ ~~P.O. BOX 585147~~ ~~ORLANDO FL 32858-5147~~ US

644432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. Box 783995
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Winter Garden, FL
Zip / Country	Zip: 34778 Country: US

4. FEI Number **59-2340164** ☐ Applied For ☐ Not Applicable

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
THOMAS, RICHARD CRAIG 3181 ~~GUNEON~~ Avalon RD WINTER GARDEN FL 34787	Name Street Address (P.O. Box Number is Not Acceptable) City / 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.

SIGNATURE ____________________
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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMAS, RICHARD CRAIG	NAME	
STREET ADDRESS	3181 AVALON RD	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMAS, LUCINDA G	NAME	
STREET ADDRESS	3181 AVALON RD	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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.

SIGNATURE: R. Craig Thomas 4/18/01 407-656-2969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)