

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90010 018 ***150.00

DOCUMENT # H22169

1. Entity Name
SOUTHEAST INTERSTATE SERVICES, INC.

Principal Place of Business	Mailing Address
% WALTER E. SMITH, JR. 8909 20TH STREET VERO BEACH FL 32966-1711	% WALTER E. SMITH, JR. 8909 20TH STREET VERO BEACH FL 32966-1711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2452287**

Applied For
☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, WALTER E., JR.
8909 20TH STREET
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	SMITH, WALTER E., JR.	STREET ADDRESS	NAME		
CITY-ST-ZIP	8909 20TH ST.	CITY-ST-ZIP	STREET ADDRESS		
	VERO BEACH FL		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	SMITH, SAMUEL	STREET ADDRESS	NAME		
CITY-ST-ZIP	5100 DEER HAVEN COURT	CITY-ST-ZIP	STREET ADDRESS		
	MARIANNA FL		CITY-ST-ZIP		
TITLE	STD <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	MEDLOCK, JAMES	STREET ADDRESS	NAME		
CITY-ST-ZIP	5860 34TH LANE	CITY-ST-ZIP	STREET ADDRESS		
	VERO BEACH FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	NAME		
CITY-ST-ZIP		CITY-ST-ZIP	STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	NAME		
CITY-ST-ZIP		CITY-ST-ZIP	STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	NAME		
CITY-ST-ZIP		CITY-ST-ZIP	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 all other like empowered.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **Daytime Phone #**

4/25/02 SE/SC2 1781

CP2E034 (9/01)