

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90070 022 ***150.00

DOCUMENT # H93316

1. Entity Name
SOUTHEAST SERVICES ORGANIZATION, INC.



Principal Place of Business
790 PARK OF COMMERCE BLVD
P.O. BOX 810908
BOCA RATON, FL 33481-0908 US

Mailing Address
790 PARK OF COMMERCE BOULEVARD
P.O. BOX 810908
BOCA RATON, FL 33481-0908

24000517



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2628212

Applied For
Not Applicable

Zip

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

LOZOFF, MICHAEL D. ESQUIRE
HERZFELD & RUBIN
801 BRICKELL AVENUE, STE. 1501
MIAMI, FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

C
WINBORN, JAMES E.
1291 SW 8TH STREET
BOCA RATON, FL 334868401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

T
SCARBOROUGH, WILLIAM C
10619 MAPLE CHASE DRIVE
BOCA RATON, FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

S
VALCOURT, CAMIL R
1271 NW 13TH ST APT 362
BOCA RATON, FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
MCCANTS, LARY B.
122 MILESTONE WAY
WEST PALM BEACH, FL 334152465 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
HUGHES, BARRY L
3313 SHERWOOD BLVD
DELRAY BEACH, FL 334456184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
LEE, DONALD L
11910 GLENMORE DR
CORAL SPRINGS, FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☒ Change ☐ Addition
640 SW Andros Circle
St. Lucie West, FL 34896

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/04 (561)

Date

982-4711

982-4702

Daytime Phone #