

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H99812

Entity Name  
SOUTHEAST PRO-CHEMICAL, INC.

FILED  
Apr 17, 2000 8:00 am  
Secretary of State  
04-17-2000 90116 005 \*\*\*150.00

Principal Place of Business	Mailing Address
W COLONIAL	13340 W COLONIAL
GARDEN FL 34787-3967	#250
	WINTER GARDEN FL 32168-5884
	US

Principal Place of Business	3. Mailing Address
2510 N. Dixie Fwy	2510 N. Dixie Fwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
New Smyrna Beach FL	New Smyrna Bch. FL
Zip	Zip
32168	32168
Country	Country
USA	USA

6. Name and Address of Current Registered Agent

ASMA, WILLIAM N  
886 W DILLARD ST  
WINTER GRDN FL 34787

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
DP WILLIAMS, LARRY 128 TIGER CREEK FOREST LAKE WALES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
VP IANNIELLO, MARY 3213 HARGILL DR ORLANDO FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: Mary A. Ianniello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/10/00

Daytime Phone #: 904-423-4285