

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90214 034 ***150.00

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DOCUMENT # H99812

1. Entity Name
SOUTHEAST PRO-CHEMICAL, INC.



Principal Place of Business
**2510 N DIXIE FRWY
NEW SMYRNA BEACH FL 32168
US**

Mailing Address
**2510 N DIXIE FRWY
NEW SMYRNA BEACH FL 32168
US**

11015667



2. Principal Place of Business

3. Mailing Address

3208-C E Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

H303

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32803

USA

4. FEI Number

59-2637529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 obligation 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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 **P** ☐ Delete
NAME **IANNIELLO, MARY**
STREET ADDRESS **3213 HARGILL DR**
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **EXVP** ☐ Delete
NAME **IANNIELLO, PAUL**
STREET ADDRESS **3213 HARGILL DR**
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/03
Date

407-898-3877
Daytime Phone #

CR2E034 (10/02)