

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # J05375

1. Entity Name  
SESM, INC.

FILED

01 OCT 30 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1300 E. Hillsboro Blvd.  
Suite 104B  
Deerfield Beach, Fl. 33441

2. Principal Place of Business  
1300 E. Hillsboro Blvd.  
Suite, Apt. #, etc.  
#101

3. Mailing Address  
4211 NE 27th Ave.  
Suite, Apt. #, etc.

City & State  
Deerfield Beach, Fl.

City & State  
Lighthouse Point, Fl.

4. FEI Number  
59-2690841

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

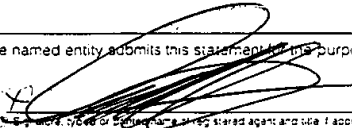
6. Name and Address of Current Registered Agent

Roberts, Carol I.  
1300 E. Hillsboro Blvd.  
STE. 104B  
Deerfield Beach, Fl. 33441

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
4211 NE 27th Ave.  
City  
Lighthouse Point FL Zip Code  
33061

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  (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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Roberts, Carol I.  
1300 E. Hillsboro Blvd. STE104  
Deerfield Beach, Fl. 33441 B

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
Roberts, Carol I.  
4211 NE 27th Ave.  
Lighthouse Point, Fl. 33061

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600004697016--0  
-11/28/01--01051--014  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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, when an officer or director is empowered.

SIGNATURE: 

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M A S  
3000 N UNIVERSITY DRIVE  
SUITE E  
CORAL SPRNGS, FL 33065  
Tel # 954-346-7288  
Fax # 954-346-7217

October 18, 2001

Uniform Business Report Filing  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: UBR/J05375 SESM, INC.

To Whom It May Concern:

This is to request acceptance of the enclosed corporate renewal filing. The client did not receive the UBR due to change of address.

It is the client's responsibility to file the corporate annual report. We do not file the corporate annual report for our clients unless is given to us for filing.

Enclosed find check for \$150.00 for the filing fee.

Should you have any questions, please do not hesitate to call the office.

Thank you, for your assistance in this matter.

Sincerely,



Lissette A Mawby  
For SESM, Inc.  
Enc.