

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J27783

1. Entity Name

SOUTHEAST OIL AND DEVELOPMENT CORPORATION

Principal Place of Business

11801 ELYSSA RD
THONOTOSASSA FL 33592
US

Mailing Address

11710 U.S. HWY. 301. NO.
P.O. BOX 290676
TAMPA FL 33687
US

2. Principal Place of Business

16408 Ashwood Dr
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 274023
Suite, Apt. #, etc.

City & State

Tampa, FL
Zip 33624 Country

City & State

Tampa, FL
Zip 33688 Country

4. FEI Number

59-2814233

Applied For

Not Applicable

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

PALAZZO, DAVID T.

11706 U.S. HIGHWAY 301 NORTH
TAMPA FL 33592

1011 Alisando
Tampa, FL 33613

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PALAZZO, DAVID T.
STREET ADDRESS 11801 ELYSSA RD
CITY-ST-ZIP THONOTOSASSA FL

TITLE ☐ Change ☐ Addition
NAME P.O. Box 274023
STREET ADDRESS Tampa, FL 33688
CITY-ST-ZIP

TITLE VST ☐ Delete
NAME BURNETT, JAN
STREET ADDRESS 11801 ELYSSA RD
CITY-ST-ZIP THONOTOSASSA FL

TITLE ☐ Change ☐ Addition
NAME P.O. Box 274023
STREET ADDRESS Tampa, FL 33688
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN BURNETT

4/27/01

Date

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90004 041 ***150.00

547910



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)