

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90153 012 ***150.00

CR2E034 (9/01)

DOCUMENT # J38162

1. Entity Name
SOUTHEASTERN PRESENTATIONS, INC.

Principal Place of Business

**7138 NARCOOSEE ROAD
 ORLANDO FL 32822
 US**

Mailing Address

**4218 HAMMOND DRIVE
 WINTER HAVEN FL 33884**

2. Principal Place of Business

4218 Hammond Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

4. FEI Number

59-2767750

Applied For

☐ Not Applicable

Zip

33881

Country

USA

Zip

33881

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RAZZANO, LARRY
 225 W LAKE SUMMIT DR
 WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent

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, 2002 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 **P** ☐ Delete
 NAME **RAZZANO, LAWRENCE**
 STREET ADDRESS **225 W LAKE SUMMIT DR**
 CITY-ST-ZIP **WINTER PARK FL 33884**

TITLE **VP** ☐ Delete
 NAME **RAZZANO, TERRI (BO)**
 STREET ADDRESS **225 W LAKE SUMMIT DR**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Lawrence Razzano

4/19/02

Date

803-318-1880

Daytime Phone #