

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90200 014 ***150.00

DOCUMENT # J62769

1. Entity Name

SOUTHEAST CAPITAL DEVELOPERS, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 429
ST. PETERSBURG FL 33731****P.O. BOX 429
ST. PETERSBURG FL 33731**

2. Principal Place of Business

100 Second Avenue North

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200City & State
St Petersburg, FL

City & State

Zip
33701Country
Pinellas

Zip

Country

4. FEI Number **59-2782142**

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

**IRWIN, IAN F.
222 2ND STREET NORTH
ST. PETERSBURG FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)
100 Second Avenue North Suite 200

City

St Petersburg**FL**Zip Code
33701

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	PSD	<input type="checkbox"/> Delete
NAME	IRWIN, IAN F.	
STREET ADDRESS	222 2ND ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 Second Avenue North Suite 200	
CITY-ST-ZIP	St Petersburg, FL 33701	

TITLE	T	<input type="checkbox"/> Delete
NAME	IRWIN, IAN F.	
STREET ADDRESS	222 2ND ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 Second Avenue North Suite 200	
CITY-ST-ZIP	St Petersburg, FL 33701	

TITLE	ASD	<input type="checkbox"/> Delete
NAME	IRWIN, INNES H.	
STREET ADDRESS	222 2ND ST N	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 Second Avenue North Suite 200	
CITY-ST-ZIP	St Petersburg, FL 33701	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**Ian F Irwin, President 4/26/01 (727)821-5178**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)