

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90037 042 ***150.00

DOCUMENT # K18383

1. Entity Name

SOUTHEAST MANAGEMENT SERVICES, INCORPORATED

Principal Place of Business

**3511 S PENINSULA DR
DAYTONA BCH FL 32127
US**

Mailing Address

**49 VILLAGE DR.
ORMOND BEACH FL 32174**

2. Principal Place of Business

3. Mailing Address

6121 DEL MAR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ORANGE, FL

Zip

Country

Zip

Country

32127

4. FEI Number **59-2889099**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARKES, KAREN D.
49 VILLAGE DR
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name

LYNN C. BECKER

Street Address (P.O. Box Number is Not Acceptable)

6121 DEL MAR DR.

City

PORT ORANGE

FL

Zip Code

32127

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 *Lynn C. Becker President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reappointing)

4-25-2001

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	DP	<input checked="" type="checkbox"/> Delete
NAME	PARKES, KAREN D.	
STREET ADDRESS	49 VILLAGE DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SOLOMON, STANLEY J.	
STREET ADDRESS	49 VILLAGE DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ...

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN C. BECKER	
STREET ADDRESS	6121 DEL MAR DR.	
CITY-ST-ZIP	PORT ORANGE, FLA. 32127	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES R. HUNT	
STREET ADDRESS	6121 DEL MAR DR.	
CITY-ST-ZIP	PORT ORANGE, FL. 32127	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN D. PARKES	
STREET ADDRESS	49 VILLAGE DR.	
CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Lynn C. Becker President* **LYNN C. BECKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001 386-761-5733

Date

Daytime Phone #

XT-22

CR2E034 (10/00)