

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90063 020 ***150.00

DOCUMENT # K75166

1. Entity Name

SOUTHEASTERN ENVIRONMENTAL AUDITS, INC.

Principal Place of Business

Mailing Address

PERIMETER PARK BLVD

8711 PERIMETER PARK BLVD

SUITE 11

SUITE 11

JACKSONVILLE FL 32216

JACKSONVILLE FL 32216-6389

00034701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2948605**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HIEB, E. ALLEN, JR.
1301 GULF LIFE DR
STE 1500
JACKSONVILLE FL 32207Name
HIEB, E. ALLEN, JR.Street Address (P.O. Box Number is Not Acceptable)
1301 RIVERPLACE BOULEVARD**SUITE 1500**City
JACKSONVILLE**FL** **32207**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
NAME	ROBINSON, I. RHODES, JR.	
STREET ADDRESS	8711 PERIMETER PK BLD 11	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	WILSON, MICHAEL L.	
STREET ADDRESS	8711 PERIMETER PK BLD 11	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, SARAH S	
STREET ADDRESS	8711 PERIMETER PARK BLVD, STE 11	
CITY-ST-ZIP	JACKSONVILLE 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		

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

CR2E034 (9/99)

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

Date

Daytime Phone #

Michael L. Wilson **3/23/00** **(904) 645-9100**