

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90009 035 ***450.00

DOCUMENT # K91913

1. Entity Name

SOUTHEAST MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

4611 S. UNIVERSITY DR.
 226
 FT. LAUDERDALE FL 33328
 US

4611 S. UNIVERSITY DR.
 226
 FT. LAUDERDALE F 33328
 US

2. Principal Place of Business

60 VILLAGE DR

3. Mailing Address

60 VILLAGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH FL

Zip

32174

Country

USA

Zip

32174

Country

USA

4. FEI Number

65-0140825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DILLING, MONIQUE D.
4341 S.W. 78 DRIVE
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name **DILLING, MONIQUE D**

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

60 VILLAGE DR

City

ORMOND BEACH FL

Zip Code

32174

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!
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 **PD** ☐ Delete
 NAME **DILLING, CHRISTOPHER**
 STREET ADDRESS **4341 S.W. 78 DRIVE**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE **STD** ☐ Delete
 NAME **DILLING, MONIQUE**
 STREET ADDRESS **4341 S.W. 78 DRIVE**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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 **60 VILLAGE DR**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **60 VILLAGE DR**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

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

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

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, DIRECTOR

4/28/01

Date

954 452 5630

Daytime Phone #

CR2E034 (10/00)