

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90304 013 ***150.00

DOCUMENT # M75983

1. Entity Name
F M SOUTHEAST, INC.

Principal Place of Business
250 KING OF PRUSSIA ROAD
RADNOR PA 19087

Mailing Address
250 KING OF PRUSSIA ROAD
RADNOR PA 19087



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

23-2510510

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MULLIN, ARTHUR W	
STREET ADDRESS	250 KING OF PRUSSIA RD.	
CITY-ST-ZIP	RADNOR PA 19087	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, WILLIAM S	
STREET ADDRESS	250 KING OF PRUSSIA RD.	
CITY-ST-ZIP	RADNOR PA 19087	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BIXLER, ROBERT	
STREET ADDRESS	250 KING OF PRUSSIA RD	
CITY-ST-ZIP	RADNOR PA 19087	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARRIS, ROBERT R	
STREET ADDRESS	250 KING PRUSSIA RD	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	as S	<input type="checkbox"/> Delete
NAME	TAMASITIS, MARGARET	
STREET ADDRESS	250 KING OF PRUSSIA RD.	
CITY-ST-ZIP	RADNOR PA 19087	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROBINSON, ROBERT L	
STREET ADDRESS	250 KING OF PRUSSIA RD	
CITY-ST-ZIP	FOLCROFT PA 19032	

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	
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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY
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:

Margaret Tamasitis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET TAMASITIS, SECRETARY 1/16/02

Date

Daytime Phone #

CR2E034 (9/01)