

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90222 026 ***150.00

DOCUMENT # M89973

1. Entity Name
SOUTHEAST SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business

POST OFFICE BOX 152500
TAMPA FL 33684

Mailing Address

POST OFFICE BOX 152500
TAMPA FL 33684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2901731

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

TUTTLE, JOANNE WALLACE
4407 N CLARK
TAMPA FL 33614

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 _____
 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, 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 **P** ☐ Delete
NAME **TUTTLE, JOANNE W**
STREET ADDRESS **PO BOX 152500 N/A**
CITY-ST-ZIP **TAMPA FL 33684**

TITLE **President** ☒ Change ☐ Addition
NAME **Richard W. Tremper**
STREET ADDRESS **P.O. Box 152500**
CITY-ST-ZIP **Tampa, FL 33684**

TITLE **VP** ☐ Delete
NAME **TREMPER, RICHARD W**
STREET ADDRESS **PO BOX 152500**
CITY-ST-ZIP **TAMPA FL 33684**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Joanne W. Tuttle**
STREET ADDRESS **P.O. Box 152500**
CITY-ST-ZIP **Tampa, FL 33684**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 OR DIRECTOR

Richard W. Tremper **Richard W. Tremper** **4/16/02**

Date

Daytime Phone #

CR2E034 (9/01)