

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91438 022 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

70050489

DOCUMENT # N02000002067 1. Entity Name SOUTH EAST EARLY BRONCOS, INC.					
Principal Place of Business 208 DELESPINE DRIVE DEBARY, FL 32713			Mailing Address CHARLES H. WILLIAMS III 1595 SE 145 STREET SUMMERFIELD, FL 34491		
2. Principal Place of Business 1595 SE 145th ST.			3. Mailing Address Suite, Apt. #, etc.		
City & State Summerfield FL			City & State		
Zip 34491			Country		
4. FEI Number 02-0559110			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FORREST, RICHARD K 208 DELESPINE DR DEBARY, FL 32713			7. Name and Address of New Registered Agent Name Charles H. Williams III Street Address (P.O. Box Number is Not Acceptable) 1595 SE 145th ST. City Summerfield State FL Zip Code 34491		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE				DATE 4-22-03	
FILE NOW - FEES \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
PD	FORREST, RICHARD K		PD	FORREST, RICHARD K.	
STREET ADDRESS	208 DELESPINE DRIVE		STREET ADDRESS	10 HILLSIDE DR	
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP	TAYLORS, SC 29687	
VD	DOMBROWSKI, JAMES		VD		
STREET ADDRESS	1666 STEFAN COLE LANE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TD	WILLIAMS, CHARLES H III		TD	Charles H. Williams III	
STREET ADDRESS	1595 SE 145 ST		STREET ADDRESS	1595 SE 145th ST	
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP	Summerfield FL 34491	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:				DATE 4/13/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #	

CR2037 (10/02)