

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000429

1. Entity Name

SOCIAL ENGINEERING AND RENOVATION, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90100 028 ****61.25

Principal Place of Business 150 CENTRAL AVE. P.O. BOX 758 SAN MATEO FL 32187	Mailing Address 150 CENTRAL AVE. P.O. BOX 758 SAN MATEO FL 32187-0758
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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 59-3164772	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MORGAN, JASPER L
150 CENTRAL AVE.
SAN MATEO FL 32187

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MORGAN, JASPER L
STREET ADDRESS	150 CENTRAL AVE.
CITY-ST-ZIP	SAN MATEO FL 32187
TITLE	D <input type="checkbox"/> Delete
NAME	MORGAN, ERMA
STREET ADDRESS	150 CENTRAL AVE.
CITY-ST-ZIP	SAN MATEO FL 32187
TITLE	D <input type="checkbox"/> Delete
NAME	MORGAN, MATTHEW
STREET ADDRESS	1506 PRESIDENT ST
CITY-ST-ZIP	PALATKA FL 32177
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *Jasper L Morgan* SIGNATURE RECORDED *Jasper L Morgan* 11 APR. 99 904-329-9755
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/99)