2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 01, 2001 08:00 AM N93000002621 DOCUMENT # 1. Entity Name **Secretary of State** SOUTH EAST SEARCH AND RESCUE, INC. Principal Place of Business Mailing Address 818 NW 202 STREET 818 NW 202 STREET NEWBERRY FL NEWBERRY 32669 32669 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3190044 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROLFE KEVIN \mathbf{C} Street Address (P.O. Box Number is Not Acceptable) 818 NW 202 STREET NEWBERRY FL32669 City 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. 09/01/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE D Change X Addition NAME NAME ROSTER JAMIE STREET ADDRESS STREET ADDRESS 17 FERNWOOD LANE CITY-ST-ZIP CITY-ST-ZIP PALM COAST FT. 32137 TITLE ☐ Delete TITLE X Change ☐ Addition NAME CAPEHART JEFFREY NAME MCMAHON JEFF STREET ADDRESS STREET ADDRESS 3206 NW 56 PLACE 3701 SILVER LAKE DRIVE CITY-ST-ZIF GAINESVILLE FL. 32653 CITY-ST-ZIP KISSIMMEE FL. 34744 TITLE Delete TITLE X Change ☐ Addition NAME NOLAND ED NAME NILES JACQUIE STREET ADDRESS STREET ADDRESS PO BOX 4550 4433 BLACK FOREST WAY CITY-ST-ZIP GAINESVILLE CITY-ST-ZIP FL. 32605 DELAND FT. 32721 TITLE Delete TITLE Change Addition NAME ROLFE CHERYL NAME STREET ADDRESS 818 NW 202 STREET STREET ADDRESS CITY-ST-ZIP NEWBERRY FL. 32669 CITY-ST-ZIP TITLE VC Delete TITLE VCXI Change ☐ Addition NAME MCINTIRE DAVID NAME PETROVICH WAYNE STREET ADDRESS PO BOX 2834 N/A STREET ADDRESS 102 RIDGE BLVD CITY-ST-ZIP GAINESVILLE FL. CITY-ST-ZIP DELAND FL, 32721

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ Delete

 \mathbf{FL} 32669

SIGNATURE: _

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DC

ROLFE

NEWBERRY

818 NW 202 STREET

Cheryl Rolfe

KEVIN

S/T

09/01/2001

Change

Addition

CR2E037 (11/00)