

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N93000002621**1. Entity Name  
**SOUTH EAST SEARCH AND RESCUE, INC.**Principal Place of Business  
818 NW 202 STREET  
NEWBERRY FL 32669Mailing Address  
818 NW 202 STREET  
NEWBERRY FL 32669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

4. FEI Number  
**59-3190044**Applied For  
Not Applicable5. 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

ROLFE KEVIN C  
818 NW 202 STREET  
NEWBERRY FL 32669Name  
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 **09/01/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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DC NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	DC NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cheryl Rolfe S/T 09/01/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)