

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000002621

FILED  
Aug 04, 2003  
Secretary of State

Entity Name: SOUTH EAST SEARCH AND RESCUE, INC.

**Current Principal Place of Business:**

818 NW 202 STREET  
NEWBERRY, FL 32669

**New Principal Place of Business:**

**Current Mailing Address:**

818 NW 202 STREET  
NEWBERRY, FL 32669

**New Mailing Address:**

FEI Number: 59-3190044      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROLFE, KEVIN C  
818 NW 202 STREET  
NEWBERRY, FL 32669

**Name and Address of New Registered Agent:**

ROLFE, KEVIN C  
818 NW 202 STREET  
NEWBERRY, FL 32669      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

08/04/2003

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DC      ( ) Delete  
Name: ROLFE, KEVIN  
Address: 818 NW 202 STREET  
City-St-Zip: NEWBERRY, FL 32669

Title: VC      ( ) Delete  
Name: PETROVICH, WAYNE  
Address: 102 RIDGE BLVD  
City-St-Zip: DELAND, FL 32721

Title: ST      ( ) Delete  
Name: ROLFE, CHERYL  
Address: 818 NW 202 STREET  
City-St-Zip: NEWBERRY, FL 32669

Title: D      ( ) Delete  
Name: NILES, JACQUIE  
Address: PO BOX 4550  
City-St-Zip: DELAND, FL 32721

Title: D      ( ) Delete  
Name: ROSTER, JAMIE  
Address: 17 FERNWOOD LANE  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: PETROVICH, JACQUIE  
Address: PO BOX 4550  
City-St-Zip: DELAND, FL 32721

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL ROLFE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ST

08/04/2003

\_\_\_\_\_  
Date