

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**  
 03-29-2001 90386 039 \*\*\*\*61.25

0010692

**DOCUMENT # N99000007126**

1. Entity Name

**NE - SE INCORPORATED**

Principal Place of Business

P O BOX 41431  
 JACKSONVILLE FL 32203-1431

Mailing Address

P O BOX 41431  
 JACKSONVILLE FL 32203-1431

2. Principal Place of Business

**2064 Dellwood AVE**

3. Mailing Address

**S. A. A.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JAX. FLA.**

City & State

**S. A. A.**

Zip

**32204**

Country

**FLA.**

Zip

**32204**

Country

**FLA.**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLARK, BEVERLY C**  
**542 W 18TH ST**  
**JACKSONVILLE FL 32206**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ Delete  
 NAME **CARTER, ROSALINO**  
 STREET ADDRESS **5032 GRANN WAY DR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Delete  
 NAME **CONLEY, JUSTINE**  
 STREET ADDRESS **2063 DELLWOOD AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☐ Delete  
 NAME **YOUNG, CONSTANCE H**  
 STREET ADDRESS **2354 LANTANA AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☒ Delete  
 NAME **LEWIS, JUAN**  
 STREET ADDRESS **9356 NORFOLK BLVD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Delete  
 NAME **GRAY, CARLOAD**  
 STREET ADDRESS **4028 SPRING COVE DR**  
 CITY-ST-ZIP **DULUTH GA 30097**

TITLE ☐ Delete  
 NAME **WIMBERLY, ANTIONETTE**  
 STREET ADDRESS **5429 FOXBORGH RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
 NAME **KAREN, THOMAS**  
 STREET ADDRESS **1642 SPRING BRANCH DR E**  
 CITY-ST-ZIP **JAX. FLA.**

TITLE ☐ Change ☒ Addition  
 NAME **GINNY BROWN**  
 STREET ADDRESS **2064 DELLWOOD AVE APT 2**  
 CITY-ST-ZIP **JAX. FLA. 32204**

TITLE ☐ Change ☒ Addition  
 NAME **Dorothy P. Young**  
 STREET ADDRESS **11560 Key Biscayne Dr**  
 CITY-ST-ZIP **JAX. FLA. 32218**

TITLE ☐ Change ☒ Addition  
 NAME **LORNA JONES**  
 STREET ADDRESS **1755 Leon Rd Apt 3424**  
 CITY-ST-ZIP **JAX. FLA. 32246**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Signature Required**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/01** **904354-1571**  
 Date Daytime Phone #

CR2E037 (10/00)