

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90032 017 ****61.50

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1. Entity Name

NE - SE INCORPORATED



Principal Place of Business

2064 DELLWOOD AVE
JACKSONVILLE FL 32204

Mailing Address

P O BOX 41431
JACKSONVILLE FL 32203-1431

2. Principal Place of Business

3233 ERNEST ST -
Suite, Apt. #, etc.
ERNEST - ST -

3. Mailing Address

S.N.A.
Suite, Apt. #, etc.

City & State

JAX. FLA.

City & State

Zip Country

32205 Duval

4. FEI Number 52-2281320

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)

S.N.A.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

T JONES, LORNA
1755 LEON ROAD
JACKSONVILLE FL

☐ Delete

T CARTER, ROSALIND K
5032 GRANN LLOYD DR.
JACKSONVILLE FL

☐ Delete

T MARTIN, BINK
1927 W. 26TH ST.
JACKSONVILLE FL

☐ Delete

T THOMAS, KAREN
1642 SPRING BRANCH DR E
JACKSONVILLE FL

☐ Delete

T YOUNG, DOTTYE
11560 KEY BISCAYNE DR
JACKSONVILLE FL 32218

☐ Delete

T
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

2445 DUNN AVE #503
JAX. FLA. 32217

☒ Change ☐ Addition

T
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

T
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

T
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

2cc.
Shelia Turner (LA)
3233 ERNEST ST
JAX. FLA. 32206

☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/03 904 354-3464

CR2E037 (4/03)