

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90182 003 ***150.00

DOCUMENT # P00000011260

1. Entity Name

SOUTHEASTERN BLIMPIE DEVELOPMENT CORPORATION

Principal Place of Business

**507 EAST 3RD STREET
PANAMA CITY FL 32401**

Mailing Address

**507 EAST 3RD STREET
PANAMA CITY FL 32401**

U0012698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

659 Senks Ave.

Suite, Apt. #, etc.

3. Mailing Address

659 Senks Ave

Suite, Apt. #, etc.

City & State

Panama City, FL.

City & State

Panama City, FL.

4. FEI Number

59-3622911

Applied For

Not Applicable

Zip

32401

Country

Bay

Zip

32401

Country

Bay

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURKE, M. TODD
221 MCKENZIE AVENUE
PANAMA CITY FL 32401**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **OLMSTEAD, DAVID**
STREET ADDRESS **2873 TUPELO DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **D** ☐ Delete
NAME **HICKS, CRAIG**
STREET ADDRESS **2605 BAY TREE COURT**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☐ Delete
NAME **GOODING, JOHN M**
STREET ADDRESS **507 EAST 3RD STREET**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-01 850 522-0850

CR2E034 (10/00)