

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90050 033 ***150.00

DOCUMENT # P00000011760

1. Entity Name

SOUTHEASTERN DOCUMENT SERVICES, INC.

Principal Place of Business

6360 70TH AVENUE NORTH
PINELLAS PARK FL 33781

Mailing Address

6360 70TH AVENUE NORTH
PINELLAS PARK FL 33781

2. Principal Place of Business

220 East Madison Street

3. Mailing Address

220 East Madison Street

Suite, Apt. #, etc.

330

Suite, Apt. #, etc.

330

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3628931

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

33602

Country

USA

5. 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

MARQUARDT, J. MATTHEW ESQ
625 COURT STREET SUITE 200
CLEARWATER FL 33756

Name

Charles G. Geitner

Street Address (P.O. Box Number is Not Acceptable)

100 North Tampa

Suite 3500

City Tampa

FL

Zip Code

33602

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]

2/12/01

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
MCKEE, KENNETH
STREET ADDRESS 625 COURT STREET SUITE 200
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☒ Change ☐ Addition
NAME McKee, Kenneth
STREET ADDRESS 220 Madison Suite 330
CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME McKee, Harold
STREET ADDRESS 220 Madison Suite 330
CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Kyle, David
STREET ADDRESS 220 Madison Suite 330
CITY-ST-ZIP Tampa FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

Date

813-221-3266

Daytime Phone #

CR2E034 (10/00)