

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041297

1. Entity Name

SOUTHEAST CALIPER, INC.

Principal Place of Business

129 SO. COMMERCE AVE.
SEBRING FL 33870

Mailing Address

129 SO. COMMERCE AVE.
SEBRING FL 33870

2. Principal Place of Business

100 Lunsford Rd.

3. Mailing Address

100 Lunsford Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring, FL

City & State

Sebring, FL

Zip

33870

Country

Zip

33870

Country

4. FEI Number

65-1009902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F P.A.
129 SO. COMMERCE AVE.
SEBRING FL 33870

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

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
NAME CARR, JAMES L
STREET ADDRESS 5632 U.S. 27 SO.
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE D
NAME LUCKER, GERALD A
STREET ADDRESS 5632 U.S. 27 SO.
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

James L Carr James L Carr

4-26-01

Date

863 385 8444

Daytime Phone #

CR2E034 (10/00)

0380776

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90048 017 ***150.00



DO NOT WRITE IN THIS SPACE