

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91332 043 \*\*\*150.00

DOCUMENT # P00000063981 ✓

1. Entity Name

SOUTHEAST TECHNOLOGY CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

949 WOODSON HAMMOCK CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINTER GARDEN

City & State

4. FEI Number

59-3654664

Applied For

Not Applicable

Zip

FL

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name JOATHAN A. THOMPSON

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

4483 WICKES POND RD. (OLD)  
949 WOODSON HAMMOCK CIRCLE

City

VERA WINTER GARDEN

FL

Zip Code

34787

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

Jonathan R. Thompson

(NOTE: Registered Agent signature required when reinstating)

May 1, 2002

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 PRESIDENT  
NAME JOATHAN A. THOMPSON  
STREET ADDRESS 949 WOODSON HAMMOCK CIRCLE  
CITY-ST-ZIP WINTER GARDEN, FL 34787

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Jonathan R. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2002 4074156365

Date

Daytime Phone #

CR2E034B (12/01)