

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90146 021 ***158.75

DOCUMENT # P00000090905

1. Entity Name
SOUTHEAST FIBERGLASS PRODUCTS, INC.

Principal Place of Business Mailing Address
587 SPINDLE PALM DR. **587 SPINDLE PALM DR.**
INDIALANTIC FL 32903 **INDIALANTIC FL 32903**

2. Principal Place of Business 3. Mailing Address
203 SIXTH AVENUE **203 SIXTH AVENUE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
INDIALANTIC FL **INDIALANTIC, FL**
 Zip Country Zip Country
32903 **BREVARD** **32903** **BREVARD**

4. FEI Number Applied For
59-3671556 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRESE, GARY B
930 S. HARBOR CITY BLVD., #505
MELBOURNE FL 32901

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 *Walter H Manning III* **WALTER H. MANNING III** 4-09-01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING III, WALTER H) <i>Mispelled</i> 587 SPINDLE PALM DR.) <i>Addressed Changed</i> INDIALANTIC FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANNING III, WALTER H 203 SIXTH AVENUE INDIALANTIC FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING III, WALTER H <input checked="" type="checkbox"/> <i>Change</i> <input type="checkbox"/> <i>Addition</i> 203 SIXTH AVENUE <input checked="" type="checkbox"/> <i>CORRECTION</i> INDIALANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Walter H Manning III* **WALTER H. MANNING III** 4-09-01 321-953-5339
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CRE034 (10/00)