2001 Florida Limited Liability Company Annual Report (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90931 012 ***150.00

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1. Entity Name
Southeastern Property Solutions, Inc

Principal Place of Business
12 EAST BAY ST.
JACKSONVILLE, FL 32202

Mailing Address
1204 Hospitality AVE
STE D
Kingsland GA 31548

C0058622

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12 EAST BAY ST
Suite, Apt. #, etc.

3. Mailing Address
1204 Hospitality Ave
Suite, Apt. #, etc.
Ste D

City & State: JACKSONVILLE FL
Zip: 32202 Country: USA

City & State: Kingsland GA
Zip: 31548 Country: USA

4. FEI Number: 59-3673663 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DALE Beardsley
12 EAST BAY ST
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name: DALE Beardsley
Street Address (P.O. Box Number is Not Acceptable)
12 EAST BAY ST
City: JACKSONVILLE FL Zip Code: 32202

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) ☒

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	President LISA Chirico 1204 Hospitality AVE STE D Kingsland GA 31548	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec/TRES R. WAYNE Kilmark 1204 HOSPITALITY AVE STE D Kingsland GA 31548	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director MARK WALTERS STE. D 1204 HOSPITALITY AVE Kingsland GA 31548	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Lisa Chirico 4/25/01 904 619 6723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #