

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112468

1. Entity Name
SOUTHEASTERN FINANCIAL, INC.



03 APR 28 AM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6200 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

Mailing Address
P.O. BOX 19618
JACKSONVILLE FL 32245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
22-3880312

Applied For
Not Applicable

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

NEENIA, AHMED
6200 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

Name
Ginger Chapman
Street Address (P.O. Box Number is Not Acceptable)
6200 Arlington Expressway B
Jacksonville
City Jacksonville FL Zip Code 32211

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ginger Chapman* *Ginger Chapman* 2-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NEENIA, AHMED ☒ Delete
STREET ADDRESS 6200 ARLINGTON EXPRESSWAY
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE V
NAME NINYA, SAMI ☒ Delete
STREET ADDRESS 6200 ARLINGTON EXPRESSWAY
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
NAME Ginger Chapman
STREET ADDRESS 6200 Arlington Expressway B
CITY-ST-ZIP Jacksonville, FL 32211 ☐ Change ☒ Addition

TITLE V
NAME Carlos Cintron
STREET ADDRESS 6200 Arlington Expressway B
CITY-ST-ZIP Jacksonville FL 32211 ☐ Change ☒ Addition

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Ginger Chapman* *Ginger Chapman* President 2/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)