

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90033 019 ***150.00

DOCUMENT # P01000010594

1. Entity Name

SOUTHEASTERN VOCATIONAL SERVICES, INC.

Principal Place of Business

**3410 STALL RD.
TAMPA FL 33618-2901**

Mailing Address

**3410 STALL RD.
TAMPA FL 33618-2901**

2. Principal Place of Business

2102 Arbor Oaks Drive

3. Mailing Address

P.O. Box 193

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico, Florida

City & State

Valrico, Florida

4. EFL Number

59-3702249

Applied For

Not Applicable

Zip

Country

33594

USA

Zip

Country

33595

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARTHWAIT, EDWARD
3410 STALL RD.
TAMPA FL 33618-2901**

7. Name and Address of New Registered Agent

Name **EDWARD GARTHWAIT**
Street Address (P.O. Box Number is Not Acceptable)
2102 Arbor Oaks Drive
Valrico
City **FL** Zip Code **33594**

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 **Edward F. Garthwait, PRES.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/02
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	President Edward F. Garthwait 2102 Arbor Oaks Dr Valrico, FL 33594	<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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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. **EDWARD F. GARTHWAIT**

SIGNATURE:

Edward F. Garthwait
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02
Date

Daytime Phone #

CR2E034 (9/01)