

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**

Zip

**33594**

Country

**USA**

Zip

**33595**

Country

**USA**

4. FEE Number

**59-3702249**

Applied For

Not Applicable

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

**EDWARD GARTHWAIT**

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

**2102 Arbor Oaks Drive**

**Valrico**

City

**FL**

**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.*

*1/22/02*

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Edward F. Garthwait</b>		NAME	
STREET ADDRESS	<b>2102 Arbor Oaks D-</b>		STREET ADDRESS	
CITY-ST-ZIP	<b>Valrico, FL 33594</b>		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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*

*1/22/02*

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

588270  
PA

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

02-10-2002 90033 019 \*\*\*150.00