2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000010594

1. Entity Name
SOUTHEASTERN VOCATIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
2102 ARBOR OAKS DRIVE	PO BOX 193
TAMPA FL 33618-2901	VALRICO FL 33595

2. Principal Place of Business
1104 N. Parsons Ave

Suite, Apt. #, etc.
Suite C

City & State
Brandon, Florida

Zip 33510   Country USA

3. Mailing Address
P.O. Box 193

Suite, Apt. #, etc.

City & State
Valrico, Florida

Zip 33595   Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3702249   ☐ Applied For   ☒ Not Applicable

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

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6. Name and Address of Current Registered Agent

GARTHWAIT, EDWARD
2102 ARBOR OAKS DRIVE
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name

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

City   FL   Zip Code

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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 _Edward F Garthwait_ President

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

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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P		☐ Delete	TITLE	☐ Change	☐ Addition
NAME EDWARD, GARTHWAAIT			NAME		
STREET ADDRESS 2102 ARBOR OAKS DR			STREET ADDRESS		
CITY-ST-ZIP VALRICO FL 33594			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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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: _Edward F Garthwait_ PED   1/7/03   813 655 7534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #