

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91153 026 \*\*\*150.00

**DOCUMENT # P01000054953**

**1. Entity Name**  
**SOUTHEAST EQUIPMENT & DEVELOPMENT, INC**



**Principal Place of Business**  
215 WEST 3RD. STREET  
CHULUOTA FL 32766

**Mailing Address**  
P.O. BOX 620307  
OVIEDO FL 32765

**2. Principal Place of Business**

1293 CR 426

**3. Mailing Address**

P.O. Box 660027

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 117

City & State

City & State

Oviedo, FL

Chuluota, FL

Zip

Country

Zip

Country

32765

Seminole

32766

Seminole



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-3725278

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**

SMITH, A. L.

215 WEST 3RD. STREET  
CHULUOTA FL 32766

Name

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

City

FL

Zip Code

**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**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/03

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	SMITH, A. L.	
<b>STREET ADDRESS</b>	215 WEST 3RD. STREET	
<b>CITY - ST - ZIP</b>	CHULUOTA FL 32766	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	V. P. Smith, Carol J.
<b>STREET ADDRESS</b>	215 W. 3rd St.
<b>CITY - ST - ZIP</b>	Chuluota, FL 32766
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Smith, Anthony W.
<b>STREET ADDRESS</b>	140 W. Main St.
<b>CITY - ST - ZIP</b>	Geneva, FL 32732
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Minor, Joseph M
<b>STREET ADDRESS</b>	517 London Rd.
<b>CITY - ST - ZIP</b>	Winter Park, FL 32782
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Daytime Phone #

CR2E034 (10/02)