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## **2003 FOR PROFIT CORPORATION**

SIGNATURE:

UN	IIFORM BUSINE		T (!	JBR)	<u>/</u>	Apr 20, 2003	0.UC	) alli to	375
DOCUMENT # P0100076305  1. Entity Name SOUTHEAST RE, INC.						Secretary of State 04-28-2003 91382 023 ***150.00			AV
Principal Place of Business 4300 DUHME RD STE. 305 MADEIRA BEACH FL 33708		Mailing Address 4300 DUHME RD., STE, 305 MADEIRA BEACH FL 33708		L		- 1   10   14   16   17   18   18   18   18   18   18   18			
2. Principal F	Place of Business	3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State			4.	FEI Number <b>38-3207443</b>		plied For t Applicable	]
Zip	Country	Zip	* Coun	itry	5.		3.75 Addi e Required		
	6. Name and Address of Current	Registered Agent			7. 1	Name and Address of New Registered Age	ent		]
- <del>VALDEZ SANCHEZ, GERALDO</del>					Matthew J. Cooper  ddress (R.O. Box Number is Not Acceptable)				
4300 DUH	IME ROAD					hme Rd. Ste 305			4
MADEIRA	BEACH FL 33708			City 1	Madeira	Panah F1	ZiB § 9749		}
						Beach FL gent, or both, in the State of Florida. I am fam		<del>-</del>	ļ
ŚIGNATURE	stions of register gegent  Status, type-or printe frame or registred agent  FILE NOW!!! FEE IS \$150.00	) and little if applicable. (NOT	E: Registere	d Agent signatu	re required when re		NZ		-
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State				9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	:
10.	OFFICERS AND	DIRECTORS	11.		AΓ	DDITIONS/CHANGES TO OFFICERS AND DI	RECTORS	IN 11	1_
TITLE ANAME STREET ADDRESS CITY-ST-ZIP	CROMAR, PAUL 12029 WILLINGDON RD HUNTERSVILLE NC 28078	☐ Delete		E ET ADDRESS - ST-7IP		ing ihme Rd.	] Change	<b>▼</b> ) Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7' VALDES-SANCHEZ, GERALDO 4300 DUME RD MADEIRA BEACH FL 33708	☐ Delete		:	Valdes 4300 D	Beach, FL 33708 K -Sanchez, Geraldo puhme Rd. a Beach, FL 33708	Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Detete				_	] Change	Addition	ļ   
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					] Change	Addition	
12. I hereby of indicated of the corchanged	certify that the information supplied with d on this report or supplemental report is rporation or the receive, er truster impor- , or on an attachment with an address of	this filing does not qualify to frue and accurate and that in twered to execute this report with all other like empowered	r the exer my signat as requir	mption state ture shall ha ed by Char	ed in Section we the same oter 607, Flori	119.07(3)(i), Florida Statutes. I further certify legal effect as if made under oath; that I am da Statutes; and that my name appears in Bl	that the inf an officer of lock 10 or I	formation or director Block 11 if	