

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000082764

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** SOUTHEAST SPRAY EQUIPMENT, INC.

**Current Principal Place of Business:**

1851 SOUTHEAST SANDIA DRIVE  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

1851 SOUTHEAST SANDIA DRIVE  
PORT SAINT LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 65-1137558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: KEARNS, KIMBERLY  
Address: 1851 SOUTHEAST SANDIA DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: KEARNS, GARY  
Address: 1851 SOUTHEAST SANDIA DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VPST ( ) Change (X) Addition  
Name: KEARNS, KIM A  
Address: 1851 SOUTHEAST SANDIA DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM KEARNS

VP

04/29/2002

Electronic Signature of Signing Officer or Director

Date