

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2003 8:00 am**  
**Secretary of State**

06-12-2003 90006 037 \*\*\*558.75

**DOCUMENT # P01000084253**

1. Entity Name  
**SOUTHEASTERN GEO-TECH SERVICES, INC.**



Principal Place of Business  
**14680 HAPPY LN.  
SANDERSON FL 32087**

Mailing Address  
**14680 HAPPY LN.  
SANDERSON FL 32087**

2. Principal Place of Business  
**15674 Lyons + Crews Rd**

3. Mailing Address  
**P.O. Box 1239**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Glen St Mary, FL**

City & State  
**Macclenny, FL**

4. FEI Number  
**59 65-3740039**

Applied For  
Not Applicable

Zip  
**32040**

Country  
**USA**

Zip  
**32063**

Country  
**USA**

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

**WILLIS, MARY R  
14680 HAPPY LN.  
SANDERSON FL 32087**

Name  
**MARY R. Willis**

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

**134 S. College ST**

City  
**Macclenny**

**FL**

Zip Code  
**32063**

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 **Mary R. Willis**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5/6/03**  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MCMAHAN, CHRISTOPHER D  
14680 HAPPY LN.  
SANDERSON FL 32087** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**15674 Lyons + Crews Rd.  
Glen St Mary, FL 32040** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
WILLIS, MARY R  
14680 HAPPY LN.  
SANDERSON FL 32087** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**134 S. College ST.  
Macclenny, FL 32063** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MCMAHAN, MATTHEW W  
14680 HAPPY LN.  
SANDERSON FL 32087** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**15674 Lyons + Crews Rd.  
Glen St Mary, FL 32040** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: **Mary R. Willis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/10/03**  
Date

**904-237-3247**  
Daytime Phone #

CR2E034 (10/02)