FILED
Feb 27, 2003 8:00 am
Secretary of State
01-08-2003 90028 038 ***158.75

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000004240

1. Entity Name
SOUTHEAST REPRESENTATIVES OF FLORIDA INC.

Principal Place of Business	Mailing Address
2214 REGAL WAY NAPLES FL 34110	2214 REGAL WAY NAPLES FL 34110

J00003103

☒ CHECK HERE IF MAKING CHANGES

2214 REGAL WAY

2. Principal Place of Business	3. Mailing Address
	~~PO BOX 111930~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: NAPLES, FL
Zip / Country	Zip: ~~34108~~ 34110 / Country: USA

4. FEI Number: 01-0578808 ☐ 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
BUSINESS FILINGS INCORPORATED 1000 WEST AVENUE SUITE 1114 MIAMI BEACH FL 33139	Name: SOUTHEAST REPRESENTATIVES OF FL, INC. Street Address (P.O. Box Number is Not Acceptable): ~~PO BOX 111930~~ ALAN REIFF 2214 REGAL WAY 34110 City: NAPLES FL Zip Code: ~~34108~~

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: SOUTHEAST REPRESENTATIVES OF FLORIDA, INC. ALAN REIFF 1-5-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REIFF, ALAN ~~PO BOX 111930~~ 2214 REGAL WAY ~~MIAMI BEACH FL 34108~~ NAPLES, FL 34110	☐ Delete	☒ Change ☐ Addition REIFF, ALAN ~~PO BOX 111930~~ 2214 REGAL WAY NAPLES, FL ~~34108~~ 34110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REIFF, LESLI ~~PO BOX 111930~~ 2214 REGAL WAY ~~MIAMI BEACH FL 34108~~ NAPLES, FL 34110	☐ Delete	☒ Change ☐ Addition REIFF, LESLI ~~PO BOX 111930~~ 2214 REGAL WAY NAPLES, FL ~~34108~~ 34110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

CR2E034 (10/02)

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.

REVISED 1-27-03 REVISED 2-22-03

SIGNATURE: ALAN REIFF 1-5-03 239-593-0271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #