FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90130 006 ***150.00

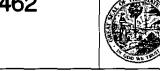
2003 FOR PROFIT CORPORATION **'UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P02000049462

1. Entity Name

SOUTHEAST PLANNING GROUP, INC.



Principal Place of Business Mailing Address 2908 NORTHMONT DRIVE 2908 NORTHMONT DRIVE TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country

| 2908 NORTHMONT DRIVE TALLAHASSEE FL 32303 | | 2908 NORTHMO TALLAHASSEE | INT DRIVE | | | |
|---|--|-----------------------------|----------------------|--|--|---|
| 2. Principal Place of Business | | 3. Mailing Addr | ess | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | |
| City & State | | City & State | City & State | | 4. FEI Number - 2104847 Applied For Not Applicable | e |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | |
| Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| HARRISON, BLANCHARD L JR. 2908 NORTHMONT DRIVE TALLAHASSEE FL 32303 | | | marin () mendangan | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | City | FL Zip Code | |
| | med entity submits this statem s of registered agent. | ent for the purpose of ch | anging its registere | ed office or regi | pistered agent, or both, in the State of Florida. I am familiar with, and accept | |

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition HARRISON, BLANCHARD L JR. NAME NAME STREET ADDRESS 2908 NORTHMONT DRIVE STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete WATKINSON, ARLIE G JR. NAME NAME STREET ADDRESS 3030 N. ROCKY PT DR, W, STE #670 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33607** TITLE ST TITLE ☐ Change ☐ Addition ☐ Delete BIBBEE, JULIE G NAME NAME 2908 NORTHMONT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-Z!P TALLAHASSEE FL 32303 CITY-ST-ZIP-Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME ATREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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 received or trustee employeed to execute this report as required by Chapter 607, Florida Statutes, and that my hame appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR