

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0414372 AV

DOCUMENT # P02000053389

1. Entity Name
SOUTHEAST IASIS, INC.



FILED

03 APR 15 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14 S SWINTON AVE
DELRAY BEACH FL 33344

Mailing Address
14 S SWINTON AVE
DELRAY BEACH FL 33344



2. Principal Place of Business
255 NE 6TH AVE
Suite, Apt. #, etc.

3. Mailing Address
255 NE 6TH AVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

4. FEI Number
56-2282235

Applied For
Not Applicable

Zip
33483

Country
USA

Zip
33483

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITHER, ROBERT M JR
14 S SWINTON AVE
DELRAY BEACH FL 33344

7. Name and Address of New Registered Agent

Name
WINTZER, WILLIAM R.
Street Address (P.O. Box Number is Not Acceptable)
255 NE 6TH
City
DELRAY BEACH FL Zip Code
33483

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 William R. Wintzer WILLIAM R. WINTZER AT 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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

TITLE
NAME PD
STREET ADDRESS GOODYEAR, KIM
CITY-ST-ZIP 8018 NDCBU
TAOS NM 87571 ☐ Delete

TITLE
NAME VSTD
STREET ADDRESS MARTIN, MARTA
CITY-ST-ZIP 8018 NDCBU
TAOS NM 87571 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600016087146
04/15/03--01098--014 **150.00

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

TITLE
NAME CD
STREET ADDRESS WARRALL, THOMAS E., JR
CITY-ST-ZIP 255 NE 6TH AVE
DELRAY BEACH, FL 33483 ☐ Change ☒ Addition

TITLE
NAME AT
STREET ADDRESS WINTZER, WILLIAM R.
CITY-ST-ZIP 255 NE 6TH AVE
DELRAY BEACH, FL 33483 ☐ Change ☒ Addition

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

TITLE
NAME
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: WILLIAM R. WINTZER WILLIAM R. WINTZER AT 4/14/03 (561) 243-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)