## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #. PO2000 | 33775

1. Entity Name

Southeast Casting, Inc.



## May 05, 2003 8:00 am Secretary of State 05-05-2003 91899 035 \*\*\*150.00

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2. Principal P	lace of Business	3. Mailing Address	eriet gewegen auch rouge								
748	0 W. Commercial E	1vd. 5A1	ME								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		DO NOT WRITE IN THIS SPACE						
City & Stat		City & State			A. FEI Number		Applied For				
	arac, FL				X04-3730	208	Not Applicable				
33321	Country USA	Zip	Coun	try	/ N	5. Certificate of Status Desired See Required Fee Required					
					7. Name and Address	of Current Registered A	jent				
				Name Don	ald E. Mille	r					
	DO NOT W	RITE		Street Addres	s (P.O. Box Number is Not /	Acceptable)					
	IN THIS SP	PACE									
				1401 SW Flounder Lane							
America de segundo de	Company of Section and Company of			City Portast. Lucie FL Zip Code 34953							
	named entity submits this statement for	or the purpose of changing	g its registere	ed office or regis	tered agent, or both, in the	State of Florida. I am fami	liar with, and accept				
the obligat	ions of registered agent.										
.∕SIGNATURE .											
	Signature, typed or printed name of registered agent	and title if applicable. (	NOTE: Registered	Agent signature requi	red when reinstating)	DATE					
	nuary 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00				9. Election Car	mpaign Financing	\$5.00 May Be				
Make Chark	Amended UBR is \$61.25 Payable to Florida Department of				Trust Fund (	Contribution.	Added to Fees				
10.	OFFICERS AND	Street Street Street	Sage as		unio triume di Sind Aventi in Sind di Sind		The state of the s				
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NAME	President Donald E. Miller	•	NAME	MARKET AND THE PARKET COME SECTION							
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TITLE	Vice President		TITLE			and the second s	A CHARLES				
NAME STREET ADDRESS	Bart Pope		NAME	T ADDRESS							
CITY-ST-ZIP	5717 NW 68th Ave	-		ST-ZIP	DO N	IOT WRIT					
TITLE	Tamarac, FL 333	321	TITLE		IALTE	HC CDACI					
NAME			NAME		HA I F	HS SPACI					
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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 on an attachment with an address, with all other time empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 954-746-8771