

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91899 035 ***150.00

DOCUMENT #. **P02000133775**

1. Entity Name

Southeast Casting, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7480 W. Commercial Blvd. **SAME**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tamarac, FL

City & State

Zip
33321

Country
USA

Zip

Country

4. FEI Number

X04-3730208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Donald E. Miller

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

1401 SW Flounder Lane

City
Port St. Lucie

FL

Zip Code
34953

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
STREET ADDRESS
CITY - ST - ZIP

President
Donald E. Miller
1401 SW Flounder Lane

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Port St. Lucie, FL 34953

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Vice President
Bart Pope
5717 NW 68th Ave.
Tamarac, FL 33321

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 954-746-8771

Date

Daytime Phone #

CR2E034B (12/02)