

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90201 024 ***550.00

DOCUMENT # P03984

1. Entity Name
PLEKO SOUTHEAST CORPORATION



Principal Place of Business
915 WEST MEMORIAL BOULEVARD
LAKELAND FL 33815

Mailing Address
915 WEST MEMORIAL BOULEVARD
LAKELAND FL 33815



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 31-1110425

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, DOROTHY B.	
STREET ADDRESS	2646 ALLISTON COURT	
CITY-ST-ZIP	COLUMBUS OH 43220	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBERTS, COURTNEY B.	
STREET ADDRESS	2646 ALLISTON COURT	
CITY-ST-ZIP	COLUMBUS OH 43220	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORGUE, JANET L.	
STREET ADDRESS	2646 ALLISTON COURT	
CITY-ST-ZIP	EDISON OH 43320	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, CYNTHIA	
STREET ADDRESS	610 N 7TH ST	
CITY-ST-ZIP	MESA AZ 85206	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOGUMILL, LISA	
STREET ADDRESS	3507 N 20 E	
CITY-ST-ZIP	ANGOLA IN 46703	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, KEITH	
STREET ADDRESS	2646 ALLISTON CT	
CITY-ST-ZIP	COLUMBUS OH 43220	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Columbus, OH 43220
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cynthia R. Pds. 112
STREET ADDRESS	3300 N 24th St.
CITY-ST-ZIP	Phoenix, AZ 85016
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1685 Buckhorn Rd.
CITY-ST-ZIP	Arbor Vitae, WI 54568
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	915 W Memorial Blvd.
CITY-ST-ZIP	Lakeland, FL 33815

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/03

614-486-0497

Date

Daytime Phone #

CR2E034 (10/02)