

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21185

1. Entity Name

SOUTHEAST LEARNING SYSTEMS, INC.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90300 011 ***150.00

Principal Place of Business

Mailing Address

35883 US HWY 280
SYLACAUGA AL 35150
US

123 HICKORY ST
CHILDERSBURG AL 35044
US

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 63-0955345

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLAIN, EDDIE W.

315 MARY ESTHER CUTOFF, SUITE 2
MARY ESTHER FL 32569

Name

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

348 S.W. Miracle Strip Pkwy

Ste 29

City Ft. Walton Beach

FL

Zip Code 32548

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.

SIGNATURE

[Signature]

1/23/01

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

(New Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MCLAIN, EDDIE W.
STREET ADDRESS 123 HICKORY STREET
CITY-ST-ZIP CHILDERSBURG AL 35044 ☐ Delete

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

TITLE CVD
NAME PERKINS, GEORGE A.
STREET ADDRESS 1636 OLD FAYETTEVILLE RD
CITY-ST-ZIP SYLACAUGA AL 35150 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

1/23/01

Date

(205) 221-4283

Daytime Phone #

CR2E034 (10/00)