# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 13, 2000 8:00 am**
**Secretary of State**
09-13-2000 90045 026 ***558.75

DOCUMENT # P33293

1. Entity Name
LABEL TECHNIQUE SOUTHEAST, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3377 BILL METZEGER LN<br>PENSACOLA FL 32514<br>US | 3377 BILL METZGER LN<br>PENSACOLA FL 32514<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-3040234 ☐ 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 |
|---|---|
| SCHEIFELE, STUART<br>3209 KINGSMILL DR.<br>PACE FL 32571 | Name: DAVID HECKLER<br>Street Address (P.O. Box Number is Not Acceptable): 4040 CHICKADEE STREET<br>City: MILTON FL Zip Code: 32583 |

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: David Heckler — 9-11-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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 $550.00**
**After SEPTEMBER 13, 2000 Min. will be $750.00**
**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>SCHEIFELE, STUART<br>3209 KINGSMILL DR.<br>PACE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P- TOM MARTIN<br>6800 SOUTH 241ST AVE<br>BROKEN ARROW, OK. 74014 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SCHEIRELE, ELIZABETH<br>3209 KINGSMILL DR.<br>PACE FL 32571 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T-S- DEBRA MARTIN<br>6800 SOUTH 241st E. AVE.<br>BROKEN ARROW, OK. 74014 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V- SANDRA J. WALLACE<br>1480 SHORE BIRD TERR.<br>CANTONMENT. FLA. 32533 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D - DAVID HECKLER<br>4040 CHICKADEE STREET<br>MILTON. FLA. 32583 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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 |

CR2E034 (5/00)

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 empowered.

**SIGNATURE:** David P Heckler — 9-11-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #