

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90125 021 \*\*\*150.00

**DOCUMENT # P33293**

1. Entity Name

**LABEL TECHNIQUE SOUTHEAST, INC.**

Principal Place of Business

**3377 BILL METZGER LN  
 PENSACOLA FL 32514  
 US**

Mailing Address

**3377 BILL METZGER LN  
 PENSACOLA FL 32514  
 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

**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  
 3209 KINGSMILL DR.  
 PACE FL 32571**

Name

**DAVID HECKLER**

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

**4040 CHICKADEE STREET**

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*

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

(NOTE: Registered Agent signature required when reinstating)

**4-20-01**

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 **PTD** ☒ Delete  
 NAME **SCHEIFELE, STUART**  
 STREET ADDRESS **3209 KINGSMILL DR.**  
 CITY-ST-ZIP **PACE FL**

TITLE **SD** ☒ Delete  
 NAME **SCHEIRELE, ELIZABETH**  
 STREET ADDRESS **3209 KINGSMILL DR.**  
 CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P-TOM MARTIN** ☒ Change ☒ Addition  
 NAME  
 STREET ADDRESS **6800 SOUTH 241ST AVE**  
 CITY-ST-ZIP **BROKEN ARROW, OK 74014**

TITLE **T-S DEBRA MARTIN** ☒ Change ☒ Addition  
 NAME  
 STREET ADDRESS **6800 SOUTH 241ST AVE**  
 CITY-ST-ZIP **BROKEN ARROW OK 74014**

TITLE **V- SANDRA J. Wallace** ☒ Change ☒ Addition  
 NAME  
 STREET ADDRESS **1480 SHORE BIRD TERR.**  
 CITY-ST-ZIP **CANTONMENT FL. 32533**

TITLE **D- DAVID HECKLER** ☒ Change ☒ Addition  
 NAME  
 STREET ADDRESS **4040 CHICKADEE STREET**  
 CITY-ST-ZIP **MILTON, FL. 32583**

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

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

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 Heckler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)