2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P9200000967 **DOCUMENT #**



FILED Apr 17, 2003 8:00 am Secretary of State

SOUTHERN ENGINEERING & CONTRACTING, INC.									04-1 /-2	2003 90	J621 U3	33 ***13	0.00	
Principal Place 8039 BOCA C ST PETE BEA US	iega drive	s	Mailing Address 8039 BOCA CIEGA DRIVE ST PETE BEACH FL 33706 US											
2. Principal Place of Business			3. Mailing Address								ili el ili ic i		1000 1556 1556	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						☐ CHECK H	ERE IF N	MAKING :	CHANGES	i	
City & State			City & State					4. FE	Number 59-3148	833			pplied For ot Applicable	
Zip Country			Zìp	Zip Cour			5. Certificate of Status Desired			\$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registere	ed Agent	~ -			7. Na	me and Address of N	lew Regi	stered A	gent		′ [
						Name	•							ŀ
SCHAFER	, steven f	₹				Street A	ddress (P	O Box	Number is Not Accer	otable)				-
8039 BOC	A CIEGA D	RIVE				Oli COL / N	uurcss (r .	. O. DOX	Trombor is restricted	, (abic)				1
ST PETE I	BEACH FL	33706		;		}								
				,		City				·	FL	Zip Cod	de	7
	named entit	y submits this statement fo ered agent.	or the purp	ose of changing its re	egistere	ed office or	registere	d agen	t, or both, in the State	of Florida	a. I am fa	miliar with	and accept	1
SIGNATURE	Signature, typed	or printed name of registered agent	and title if app	ficable. (NOTE:	Registere	d Agent signatu	ure required w	men reinst	tating)		DATE			
E Afte	r May 1, 201	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State						9. Election Campaig	-	ing		00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.			ADDI	TIONS/CHANGES TO	OFFICE	RS AND I	DIRECTOR	S IN 11	1
TITLE .	PD SCHAFER	, STEVEN R		☐ Delete	TITLE							☐ Change	☐ Addition	60/01
STREET ADDRESS CITY-ST-ZIP	8039 BOC	A CIEGA DRIVE BEACH FL 33706				ET ADDRESS -ST-ZIP								1024 /
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TITLE				☐ Delete	TITLE							☐ Change	☐ Addition	1

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 of trustee empoyered 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP