

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90085 042 ***150.00

DOCUMENT # P93000013376

1. Entity Name
SOUTHEAST DETAILING, INC.



Principal Place of Business
3490 BANKS ROAD
205
COCONUT CREEK FL 33073
US

Mailing Address
3490 BANKS ROAD
205
COCONUT CREEK FL 33073
US



2. Principal Place of Business
8107 N.W. 27th St. #4
Suite/Apt. #, etc.
#4

3. Mailing Address
8107 N.W. 27th St. #4
Suite/Apt. #, etc.
#4

☒ **CHECK HERE IF MAKING CHANGES**

City & State
CORAL SPRINGS, FL.
Zip
33065
Country
BROWARD

City & State
CORAL SPRINGS, FL.
Zip
33065
Country
BROWARD

4. FEI Number **65-0391412**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCMINN, DONALD
5520 NW 40TH TERRACE
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name **MCMINN, DONALD**
Street Address (P.O. Box Number is Not Acceptable) **8107 N.W. 27th St. #4**
City **CORAL SPRINGS** **FL** **Zip Code** **33065**

B. 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 **DONALD W. MCMINN PRESIDENT** **3-21-03**
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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD MC MINN, DONALD W 5520 NE 40TH TERR COCONUT CREEK FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
8107 N.W. 27th St. #4 CORAL SPRINGS, FL. 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9-54-415-9234** **Daytime Phone #**

CR2E034 (10/02)