

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2001 8:00 am**
Secretary of State

03-27-2001 90011 035 ***150.00

DOCUMENT # P93000053840

1. Entity Name

SOUTHEAST EMPLOYEE MANAGEMENT COMPANY

Principal Place of Business

Mailing Address

**9498 ALTERNATE A1A
LAKE PARK FL 33403****9498 ALTERNATE A1A
LAKE PARK FL 33403**

2. Principal Place of Business

1920 PALM BEACH LAKES BLVD

3. Mailing Address

1920 PALM BEACH LAKES BLVD

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33409

Country

PALM BEACH

Zip

33409

Country

PALM BEACH

4. FEI Number

65-0431990

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

**SMITH, MARK W
9498 ALTERNATE A1A
LAKE PARK FL 33403**

Name

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

City

FL

Zip Code

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, 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 \$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 ☐ Delete
NAME **D**
STREET ADDRESS **SMITH, MARK W**
CITY-ST-ZIP **9498 ALT. A1A
LAKE PARK FL 33403**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **DONNELL, MICHAEL G**
CITY-ST-ZIP **13164 COMPTON ROAD
LOXAHATCHEE FL 33470**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

561-471-9770

Daytime Phone #

CR2E034 (10/00)