

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053840

1. Entity Name

SOUTHEAST EMPLOYEE MANAGEMENT COMPANY

Principal Place of Business

1920 PALM BEACH LAKES BLVD
#202
WEST PALM BEACH FL 33409

Mailing Address

1920 PALM BEACH LAKES BLVD
#202
WEST PALM BEACH FL 33409

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when transferring)

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, 2002 Fee 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-STATE-ZIP
President
SMITH, MARK W
9498 ALT. A1A
LAKE PARK FL 33403

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Vice President
DONNELL, MICHAEL G
13184 COMPTON ROAD
LOXAHATCHEE FL 33470

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG 14 2002

Date

Daytime Phone #

FILED

02 SEP 25 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***150.00 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

9/15/02