

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054172

1. Entity Name

SOUTHEAST SPECIALTIES, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90052 017 ***150.00

Principal Place of Business

Mailing Address

PO BOX 447
AMERICUS GA 31709

PO BOX 447
AMERICUS GA 31709-0447

2. Principal Place of Business
20001 SW 344 ST

3. Mailing Address
20001 SW 344 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLORIDA CITY, FL

City & State

FLORIDA CITY, FL

Zip
33034

Country
DADE

Zip
33034

Country
DADE

4. FEI Number 58-2059776

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

MARCUS, MICHAEL J
317 N KROME AVE
HOMESTEAD FL 33030

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, 2000 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
NAME
D JOINER, JIM
STREET ADDRESS
CITY-ST-ZIP
20001 SW 344 ST
FLORIDA CITY FL 33034 ☐ Delete

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

TITLE
NAME
D GRAVES, KEN
STREET ADDRESS
CITY-ST-ZIP
19370 SW 280TH ST
HOMESTEAD FL 33031 ☐ Delete

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

TITLE
NAME
D HAGEN, MARSHALL
STREET ADDRESS
CITY-ST-ZIP
PO BOX 970949
MIAMI FL 33197 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HAGAN, MARSHALL ☒ Change ☐ Addition

TITLE
NAME
D LEE, KAY B
STREET ADDRESS
CITY-ST-ZIP
980 WALTER BLVD APT 2015
LAWRENCEVILLE GA 30043 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-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:

James B. Joiner, Jr.
JAMES B. JOINER, JR.
Signature and Typed or Printed Name of Signing Officer or Director

3/28/00 (305) 245-1647

Date

Daytime Phone #

CR2E034 (9/99)