

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054172

1. Entity Name

SOUTHEAST SPECIALTIES, INC.

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90279 010 ***150.00

Principal Place of Business

Mailing Address

601 E. MAIN ST.
IMMOKALEE FL 34142

P.O. BOX 3420
IMMOKALEE FL 34143-3420

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 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
Sanford B. Horwitz
Street Address (P.O. Box Number is Not Acceptable)
Goldstein, Schecter, Price Lucas, Horwi
2121 Ponce DeLeon Blvd, #1100
City Coral Gables, FL Zip Code 33134

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3530 1st AVE SW
CITY-ST-ZIP Naples, FL 34117

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

Date

Daytime Phone #

1-4-01 941 657-2312

CR2E034 (10/00)