2000 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2000 8:00 am Secretary of State OCUMENT # **P94000014602** SOUTHEAST ENERGY INC. 02-26-2000 90002 026 ***150.00 Mailing Address incipal Place of Business 23417 SERENE MEADOW DR SO - STATE RD 7 BOCA RATON FL 33428-5209 - RATON FL 33428-5448 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0416569 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POZO DEL, ETHEL M Street Address (P.O. Box Number is Not Acceptable) 23417 SERENE MEADOW DRIVE SOUTH SUITE 211 **BOCA RATON FL 33428-5209** Zio Code 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, 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 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/99) ☐ Addition ☐ Change □ Delete DEL POZO, ETHEL M NAME STREET ADDRESS 23417 SERENE MEADOW DR SOUTH CITY-ST-ZIP ST ZIP **BOCA RATON FL** Addition Change ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP ST 7IP ☐ Change ☐ Addition ☐ Delete TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP ST-21P ☐ Change Addition ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS i i nome og CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP

::::MATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

56/3-105/

FILED