

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90050 047 ***150.00

DOCUMENT # **P94000034727 (5)**

1. Entity Name

SOUTHEAST TRANSFER CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Office
2538 RED FOX ROAD

3. Mailing Office
P.O. BOX 894

City, State
ORANGE PARK, FL

City, State
ORANGE PARK, FL

4. Filing Number
59-3246471

Applied For
Not Applicable

Zip
32073-5645

Zip
32067-0894

5. Certificate of Status Filing ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **GRADY H. WILLIAMS, JR.**

Street Address (P.O. Box Number is Not Acceptable)
1279 KINGSLEY AVENUE

SUITE 117

City **ORANGE PARK**

FL

Zip Code
32073

6. This document is not to be used for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of person or persons authorized to execute this report

Signature of person or persons authorized to execute this report

(Date)

8. This corporation is eligible to qualify by intangible
Tax filing requirement and elects to do so
(See criteria on back) ☒

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

NAME
**P/D
SOLON J. ELLMAKER**
STREET ADDRESS
2538 RED FOX ROAD
CITY-STATE-ZIP
ORANGE PARK, FL 32073-5645

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information in the report of this report is true and correct, and that my signature shall have the same legal effect as if made in person with me. I am an officer or director of the corporation and my name appears in Block 11 of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 of this report as required by Chapter 607, Florida Statutes.

SIGNATURE: **Solon J. Ellmaker**
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR
SOLON J. ELLMAKER

4/30/02

CR2E034B (12/01)