## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P94000037886

FILED Jul 11, 2002 8:00 AM Secretary of State

Entity Name: SOUTHEAST TRANSPORTATION MANAGEMENT, INC.

Current Principal Place of Business:			New Principal Place of Business:	
595 ASTO VENICE, F	N WOODS CO FL 34293	DURT		
Current Mailing Address:			New Mailing Address:	
P.O. BOX ALTOONA	218 A, IA 50009			
El Number	: 65-0486192	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
PAPY & W		N,P.A.,ONE URBAN CENTER KENNEDY BOULEVARD		
	L 33609 US			
ΓΑΜΡΑ, F The above	Ĺ 33609 US	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
ΓΑΜΡΑ, F The above	L 33609 US named entity: e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
TAMPA, F The above n the State	L 33609 US named entity of Florida. RE:	submits this statement for the particles of Registered Age		ed office or registered agent, or both,  Date
TAMPA, F The above n the State SIGNATUI	L 33609 US named entity: of Florida.  RE: Electror  ation is eligible to	nic Signature of Registered Age o satisfy its Intangible Tax filing req	ent	
TAMPA, F The above n the State SIGNATUI This corpor	L 33609 US named entity: of Florida.  RE: Electror  ation is eligible to	nic Signature of Registered Age o satisfy its Intangible Tax filing req g Trust Fund Contribution ().	ent juirement and elects to do so (X).	
TAMPA, F The above n the State SIGNATUI This corpor	L 33609 US named entity: e of Florida.  RE: Electror ation is eligible to mpaign Financing S AND DIREC	nic Signature of Registered Age o satisfy its Intangible Tax filing req g Trust Fund Contribution ( ). TORS: ) Delete NIS J DODS COURT	ent juirement and elects to do so (X).	Date
TAMPA, F The above n the State BIGNATUI This corpore Election Car DFFICER: Vame: Address:	Enamed entity and enti	nic Signature of Registered Age o satisfy its Intangible Tax filing req g Trust Fund Contribution ( ). TORS: ) Delete NIS J DODS COURT 4293 ) Delete DA M DODS COURT	ent puirement and elects to do so (X).  ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA FRANZEN	VP	07/11/2002
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