## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED Apr 03, 2002 8:00 am Secretary of State				
DOCU	# P9400	00041250		. <del>.</del>		Secretary of State 02-25-2002 90779 001 ***300.00					
SE II, INC	C.			7							
Principal Plac	ce of Business		Mailing Address								
4401 W KEN STE 300 TAMPA FL 3			C/O SOUTHERN EXCHANGE BANK PO-OBX 23988 TAMPA FL 33623				I IRBANIA DI UTA TANDI DARI E	Bin Bini Gini Ann Aran	11 <b>018</b> 11 <b>38</b>	1 <b>0</b> 25/1 <b>10</b> 15 1 <b>81</b> 5	
2. Principal F	Place of Busine	PSS	3. Mailing Address								
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Star	te		City & Stale				65-0494	1536	<b>─</b>	oplied For ot Applicable	
Zip Country  6. Name and Address of Current F			Zip	ry	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent						
* * **	0. (4airie	ind Address of Current	redistelen väelit		Name	_	<u></u>				╡
WESTBROOK, KERRY M 4401 W KENNEDY BLVD STE 300						RINSTEINER DENNIS P Address (P.O. Box Number is Not Acceptable)					-
TAMPA F	L 33609			}	City	l w ke Tampa	NNEDY BLVD. ST	E 300 FL 2	ip Code <b>336</b>		-
8. The above	named entity	submits this statement for	The purpose of chartging its	registere	el office fr	<i></i>	agent, or both, in the State	of Florida.	0	103	1
SIGNATURE		printed name of registered agent a	and title if applicable. (NOT			HUNT,		ARY 09,2002 DATE		<del></del>	
Tax filing	_	ile to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees				
11.	1	OFFICERS AND (	DIRECTORS	12.			ADDITIONS/CHANGES TO	OFFICERS AND DIRE	CTORS	SIN 11	1_
TITLE NAME STREET ADDRESS	1	ENNEDY BLVD., STE. 3	☐ Delata		T ADDRESS			Ġί	Change	☐ Addition	034 (9/01
CITY-ST-ZIP TITLE NAME	PD WEATHER	33609 BY, RICHARD L	Delete	CITY-S TITLE NAME			•		Change	Addition	CRZE
STREET ADDRESS CITY-ST-ZIP	4401 W KENNEDY BLVD., STE. 300 TAMPA FL 33609				T ADORESS ST-ZIP		<del></del>				
NAME	STD	Out in the control of	Delete	TITLE	اء نيت ت	. <del> </del>			hange	Addition	]
STREET ADDRESS CITY-ST-ZIP		ok, Kerry M Ennedy Blvd., Ste. 3 33809			T ADDRESS			-			
TITLE NAME	, VP . GRINSTEIN	IER, DENNIS P	☐ Delete	TITLE NAME		EVP/S	r	<b>X</b> 0	hange	Addition	
STREET ADDRESS CITY-ST-ZIP	4401 W KE TAMPA FL	NNEDY BLVD., STE 30 33609	00 	CITY-S	F ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delets	TITLE NAME STREET CITY-S	FADDRESS	4401	SHARON S KENNEDY BLVD.	<del></del>	change .	<b>⊠</b> Addition	
TITLE NAME			☐ Delete	TITLE	71.7.11		<del>, FL 33609</del>	□ c	hange	Addition	
STREET ADDRESS City-St-Zip	1			- 1	ADDRESS T-ZIP						

13. I hereby certify that the information supplied with this filling 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.

1/9/02

813-207-0681 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_