

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047099

1. Entity Name

SOUTHEAST ENVIRONMENTAL REMOVAL CORP.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90068 015 ***150.00

Principal Place of Business

357 JACKSON AVE
GREENACRES FL 33463

Mailing Address

~~PO BOX 949~~
~~LOXAHATCHEE FL 33470-0949~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

357 JACKSON AVE

Suite, Apt. #, etc.

City & State

GREENACRES, FL

Zip

33463

Country

PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0611689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BEHRINGER, MARK D.~~
~~14443 HALTER RD~~
~~WELLINGTON FL 33414~~

7. Name and Address of New Registered Agent

Name JON HUSTED

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

357 JACKSON AVE

City GREENACRES,

FL

Zip Code

33463

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]

Signature, typed or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BEHRINGER, MARK D.	
STREET ADDRESS	14443 HALTER RD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BEHRINGER, DAVID A.	
STREET ADDRESS	11620 BALD CYPRESS LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUSTED, JON	
STREET ADDRESS	357 JACKSON AVE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	HUSTED, JON, P, D, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	357 JACKSON AVE	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON HUSTED

Date

4/25/01

Daytime Phone #

561 965 0985

CR2E034 (10/00)