

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063616

1. Entity Name

SOUTHEAST WHOLESALERS, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90014 026 \*\*\*150.00

Principal Place of Business

3637 4TH STREET NORTH  
290  
ST. PETERSBURG FL 33704  
US

Mailing Address

3637 4TH STREET NORTH  
290  
ST. PETERSBURG FL 33704-1300  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3264073

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGGAR, PAUL A  
3637 4TH ST N  
STE 290  
ST. PETERSBURG FL 33704

Name

PETER HAGGAR

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

3637 4TH ST N

SUITE 290

City

ST. PETERSBURG

FL

Zip Code

33704

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

*Peter Haggar*  
Signature, typed or printed name of registered agent and title if applicable.

PETER HAGGAR, PRESIDENT 5/1/2000

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME HAGGAR, PAUL A  
STREET ADDRESS 3637 4TH ST N 290  
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE DP ☐ Change ☒ Addition  
NAME PETER HAGGAR  
STREET ADDRESS 3637 4TH ST N, STE 290  
CITY-ST-ZIP ST. PETERSBURG, FL 33704

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Peter Haggar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000 (72) 894-1857  
Date

Daytime Phone #

CR2E034 (3/99)