2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90391 003 ***150.00

024432

DOCUMENT # P94000073469

1. Entity Name
SOUTHEAST MARKETING AND SALES, INC.

Principal Place of Business	Mailing Address
1321 CLYDESDALE AVE WELLINGTON FL 33414 US	1321 CLYDESDALE AVE WELLINGTON FL 33414 US

UUU44104

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1040 Bayview Dr	1040 Bayview Dr
Suite, Apt. #, etc.: Suite 320	Suite, Apt. #, etc.: Suite 320
City & State: FT Lauderdale	City & State: FT Lauderdale
Zip: 33304 Country: Broward	Zip: 3304 Country: Broward

4. FEI Number 65-0537481 ☐ 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**
JOHN O TRENT 1321 CLYDESDALE AVE WELLINGTON FL 33414	Name: John Trent Street Address (P.O. Box Number is Not Acceptable): 1040 Bayview Dr FT Lauderdale Fl 33304 City FL Zip Code

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 John Trent   4-23-01
Signature, typed or printed name of registered agent and title if applicable. (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, 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

CR2E034 (10/00)

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JOHN O TRENT 1321 CLYDESDALE AVE WILLINGTON FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ____________   4-23-01   954-564-3171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #