## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT#**

P95000056381

1. Entity Name

**SIGNATURE:** 

SOUTHEASTERN HOME BUILDING SERVICES, INC.



FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90145 034 \*\*\*150.00

Daytime Phone #

Principal Place of Business 3797 BLOXHAM CUTOFF CRAWFORDVILLE FL 32327		Mailing Address 3797 BLOXHAM CUTOFF CRAWFORDVILLE FL 32327			11 <b>88</b> 10. 8810 81106 81101 1820 1181 1881	
2. Principal Place of Business		3. Mailing Address			II OOLOT BIIYO SIYOO IISBU ISBU ILGI KOO	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF M	☐ CHECK HERE IF MAKING CHANGES	
City & Stat	te	City & State		4. FEI Number 59-2441672	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
-	3 6. Name and Address of Current	Registered Agent	AM May ame	7. Name and Address of New Regis	tered Agent	
469 RIVE	WILLIAM M R PEANTATION-ROAD RDVILLE FL 32327	Mr. Morris Brown 3797 Bloxham Cutof Crawfordville, FL 32	t Address	s (P.O. Box Number is Not Acceptable)	FL Zip Code	
8. The above the obligat	e named entity submits this statement for tions of registered agent.  Signature, typed of printed name of registered agent.	1. Prom	s registered office or regist	lered agent, or both, in the State of Florida.	- —	
After Make Check	ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  c Payable to Florida Department of			Election Campaign Financia     Trust Fund Contribution.	Added to Fees	
TITLE	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 11  Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BROWN, MORRIS 3797 BLOXHAM CUTOFF CRAWFORDVILLE FL 32327	L. Deserte	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	
TITLE Name Street address ( City-St-Zip	**************************************	~ □ Delete ~ .	NAME STREET ADDRESS CITY-ST-ZIP	で 製作。一 u AA A A	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w			Section 119.07(3)(i), Florida Statutes. I furth e same legal effect as if made under oath; t 17, Florida Statutes; and that my name appo	er certify that the information hat I am an officer or director ears in Block 10 or Block 11 if	