

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90157 047 ***150.00

DOCUMENT # P95000069368

1. Entity Name
SECURITY FINANCIAL ENTERPRISES, INC.



Principal Place of Business
222 S WESTMONTE DRIVE
SUITE 103
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
222 S WESTMONTE DRIVE
SUITE 103
ALTAMONTE SPRINGS FL 32714
US



2. Principal Place of Business
180 N. WESTMONTE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
180 N. WESTMONTE DRIVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ALTAMONTE SPRINGS FL.

City & State
ALTAMONTE SPRINGS FL.

4. FEI Number **59-3339409**

Applied For
Not Applicable

Zip **32714** **Country** **US**

Zip **32714** **Country** **US**

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

STEVENS, MELVIN L JR
222 S WESTMONTE DRIVE
SUITE 103
ALTAMONTE SPRINGS FL 32714

Name
STEVENS, MELVIN L. JR.
Street Address (P.O. Box is Not Acceptable)
180 N. WESTMONTE DRIVE
City **ALTAMONTE SPRINGS** **FL** **Zip Code** **32714**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVENS, MELVIN L JR 222 S WESTMONTE DRIVE STE 103 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVENS, MELVIN L. JR 180 N. WESTMONTE DRIVE ALTAMONTE SPRINGS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/03 **407-661-9700**
Date Daytime Phone #

CR2E034 (10/02)