

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077142

1. Entity Name

SOUTHEAST FIDELITY CORPORATION

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90100 027 ***150.00

Principal Place of Business

Mailing Address

2167 MILLER LANDING RD
TALLAHASSEE FL 32312

P.O. BOX 13549
TALLAHASSEE FL 32317-3549

2. Principal Place of Business

2928 WELLINGTON CIR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 101

City & State
TALLAHASSEE, FL

City & State

4. FEI Number

59-3342197

Applied For

Not Applicable

Zip

Country

Zip

Country

32312

LEON

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

SWEAT, J R III
223 ROSEHILL DR NORTH
TALLAHASSEE FL 32312

Name

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

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

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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	SWEAT, JAMES R JR	
STREET ADDRESS	2167 MILLER LANDING RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. R. SWEAT, III	
STREET ADDRESS	223 ROSEHILL DR., N.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00

850-906-9292

CR2E034 (9/99)