

'2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90134 048 ***150.00

DOCUMENT # P95000085017
1. Entity Name
SOUTHEASTERN DEVELOPMENT & MANAGEMENT CO., INC.



Principal Place of Business
449 SPARROW DRIVE
SATELLITE BEACH FL 32937

Mailing Address
P.O. BOX 372326
SATELLITE BEACH FL 32937-0326
US



2. Principal Place of Business

3. Mailing Address

449 SPARROW DRIVE

Suite, Apt. #, etc.
Satellite Beach, FL

City & State
32937 Brewood

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3339836

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

SLEDGE, J.D.
445 GRANT AVENUE
SATELLITE BEACH FL 32937

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 P ☐ Delete
NAME MICHAEL L. BARLET SR.
STREET ADDRESS 449 SPARROW DR
CITY-ST-ZIP SATELLITE BEACH FL

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

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

Date (321) 779-3935
Daytime Phone #

CR2E034 (4/03)