

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90133 012 \*\*\*158.75

**DOCUMENT # P96000009356**



1. Entity Name  
**IROQUOIS SOUTHEAST INC.**

Principal Place of Business  
**406 WEST STATE STREET  
OLEAN NY 14760**

Mailing Address  
**P.O BOX 806  
OLEAN NY 14760**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0693892**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

## 7. Name and Address of New Registered Agent

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **REITER, MIKE**  
STREET ADDRESS **2804 DEL PRADO BLVD STE 201**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **JEFFREY P. FLAHERTY**  
STREET ADDRESS **192 COLLEGE ST.**  
CITY-ST-ZIP **WADSWORTH OH 44281**

TITLE **VD** ☐ Delete  
NAME **CHIAPUSO, JOSEPH**  
STREET ADDRESS **106 SOUTH SHORE RD**  
CITY-ST-ZIP **CUBA NY 14727**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **BRANCH, WILLIAM A**  
STREET ADDRESS **1235-E EAST BLVD BOX 240**  
CITY-ST-ZIP **CHARLOTTE NC**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ASTD** ☐ Delete  
NAME **BRANCH, LAURIE A**  
STREET ADDRESS **304 VAN BUREN AVE**  
CITY-ST-ZIP **OLEAN NY**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☐ Delete  
NAME **BRANCH, PAUL M**  
STREET ADDRESS **1309 BUCHANAN AVE**  
CITY-ST-ZIP **OLEAN NY**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03  
Date

716-373-5511  
Daytime Phone #

CR2E034 (10/02)