## 2002 Uniform Business Report (UBR)

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SIGNATURE:

## Apr 15, 2002 8:00 am P96000022997 DOCUMENT # **Secretary of State** 1. Entity Name 04-15-2002 90054 042 \*\*\*158.75 SOUTHEAST BUILDING SERVICES, INC. Principal Place of Business Mailing Address 221 E PROSPECT ROAD UUUUUTVV 221 E PROSPECT ROAD FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 3. Mailing Address 2. Principal Place of Business 4769 NE 11th ANE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Šuite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0653645 Not Applicable OAK/A~ Country \$8.75 Additional 5. Certificate of Status Desired 区 ろうし Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent =Name --> **BURLESON, ERLIE** Street Address (P.O. Box Number is Not Acceptable) -221-E PROSPECT ROAD-FT LAUDERDALE FL 33334 Zip Code Citv 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition CR2E034 (9/01 TITLE Change PSC ☐ Delete TITLE BuelEson, GERALDINE A. **BURLESON, ERLIE** NAME NAME 221 E PROSPECT ROAD STREET ADDRESS 5248W 10 AUE. STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change **Addition** Delete TITLE TITLE HAMMONS, WILLIAM B BURLESON, 10mmy NAME NAME 524 SW 10 AUE STREET ADDRESS <del>6702 BLVD OF CHAMPIONS</del> STREET ADDRESS LAUDETONIE 71 33312 CITY-ST-ZIP N-LAUDERDALE FL 33068 CITY-ST-ZIP Change ☐ Addition TITL F ☐ Delete TITLE NAME 👡 NAME" STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if