2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053012

SOUTHEAST BUILDERS & REMODELERS, INC.

Principal Place of Business

Mailing Address

1307 NOBLE PL ORLANDO FL 32801 1307 NOBLE PL ORLANDO FL 32801-4217

Apr 22, 2000 8:00 am Secretary of State

04-22-2000 90004 002 ***150.00



2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.									
City & State		City & State	City & State			4. FEI Number 59-3398212				pplied For lot Applicable	
Zip	Country	Zip	Zip Coun		5. (5. Certificate of Status Desired			\$8.75 Additional Fee Required		
-	6. Name and Address of Curr	ent Registered Agent	,	e, est .	7. 1	Name and Ad	iress of New Re	gistered	Agent**		
				Name							
HALTERMAN, RANDY A				Street Address (P.O. Box Number is Not Accept			Not Acceptable)	,			
	7 Noble Pl										
ORL	ANDO FL 32801										
				City		-14-	•	FI	L Zip Cod	e	
8. The above	e named entity submits this statemen	nt for the purpose of changing	g its registere	ed office or regist	tered ag	ent, or both, ir	the State of Flor	rida.			
	·										
SIGNATURE .											
	Signature, typed or printed name of registered a	gent and title if applicable. ((NOTE: Registered	d Agent signature requi	ired when re	einstating)		DATE			
Tax filing r	oration is eligible to satisfy its Intang requirement and elects to do so. ria on back)	After MAY 1	FILE NOW!!! FEE IS \$ After MAY 1, 2000 Fee will Make Check Payable to Depart				n Campaign Fina und Contribution	-	\$5.0 □ Adde	00 May Be od to Fees	
		ND DIRECTORS	12.	partinent of 3		DITIONS ICH	ANGES TO OFFI	CERS AN	ID DIRECTOR	3S IN 11	
11	PD OFFICERS A	Delete	TITLE	-	AL	DITIONS/CH.	ANGES TO OFFI	DEI O AIN	☐ Change	Addition	
TITLE NAME	HALTERMAN, RANDY A	LI Delete	NAME						onango		
STREET ADDRESS	1307 NOBLE PL		STRE	ET ADDRESS							
CITY-ST-ZIP	ORLANDO FL 32801		CITY-	·ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME			NAMI	Ξ							
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP _	·					<u> </u>	
TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME			NAMI	:							
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CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE		□ Delete	TITLE	:			1,64***		☐ Change	Addition	
NAME		5000	NAMI						•		
STREET ADORESS			STRE	ET ADDRESS							

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR