

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000063413

1. Entity Name

SOUTHEAST ENVIRONMENTAL EQUIPMENT INC.

FILED

Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90066 048 ***150.00

Principal Place of Business

Mailing Address

1970 ERIN BROOKE DRIVE
VALRICO FL 33594

1970 ERIN BROOKE DRIVE
VALRICO FL 33594-4005

2. Principal Place of Business

383 NORTH VICTORIA RD

3. Mailing Address

383 NORTH VICTORIA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WOODSTOCK, GA

City & State

WOODSTOCK GA

4. FEI Number

58-2256859

Applied For

Not Applicable

Zip

30189

Country

CHEROKEE

Zip

30189

Country

CHEROKEE

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

FEDERICO, DANIEL
1970 ERIN BROOKE DRIVE
VALRICO FL 33594

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FEDERICO, DANIEL J.
1870 ERIN BROOKE DR.
VALRICO FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
✓/M
FRED R. BURNS
383 North Victoria Road
Woodstock, GA 30189

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

888-453-5561

Daytime Phone #