2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 28, 2000 8:00 am Secretary of State DOCUMENT # P9700036741 1. Entity Name SOUTHEAST ENGINEERING INC. 08-28-2000 90038 009 ***550.00 Principal Place of Business Mailing Address 417 EAST SHERIDAN ST 417 EAST SHERIDAN ST #147 #147 AUU745**42** DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address 417 FAST SHERTDANST <u>417-EAST.</u> 5x4210A0S1 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #147 /†/47 City & State 4. FEI Number Applied For 65-0773510 Not Applicable DANI Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COX, J Street Address (P.O. Box Number is Not Acceptable) 417 E SHERIDAN 417-E. SHERT DAN STE 147 DANIA FL 33004 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-traed or prior (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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. TITLE ☐ Delete TITLE COX, 30H2 419 EAST SHERIDANST #141 COX, JOHN NAME NAME STREET ADDRESS 417 EAST SHERIDAN ST #147 STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP DANIA FL 33004 NJA, FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete Addition TITI F Change NAME ार्टी। ADDRESS STREET ADDRESS Cft /-ST-ZIP CITY-ST-78 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing soes 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 andress, with all other like empowered. SIGNATURE: >