

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037737

1. Entity Name

SOUTHEASTERN SPREADER SERVICE, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90102 031 ***150.00

Principal Place of Business

4100 GLADES ROAD
FT PIERCE FL 34947

Mailing Address

P.O. BOX 12303
FT PIERCE FL 34979-2303
US

2. Principal Place of Business

604 BRACK ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. PIERCE FL

City & State

4. FEI Number 65-0749586

Applied For

Not Applied For

Zip

34982

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRENNAN, JOHN T
519 SOUTH INDIAN RIVER DRIVE
FT PIERCE FL 34945

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.

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

TITLE PD
NAME HODGES, ROY A JR
STREET ADDRESS 4300 MCCARTY ROAD
CITY-ST-ZIP FT PIERCE FL 34945 ☐ Delete

TITLE STD
NAME SULLIVAN, JOHN A
STREET ADDRESS 3475 GORDY ROAD
CITY-ST-ZIP FT PIERCE FL 34945 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

Signature of Roy A. Hodges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Jan 2000
Date

561-216-9270
Daytime Phone #