2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # **P97000083352** 1. Entity Name SOUTHEAST MARKETING ALLIANCE, INC. 05-14-2001 90055 043 ***150.00 Principal Place of Business Mailing Address 2711 BISHOP ESTATES RD 2711 BISHOP ESTATES RD JACKSONVILLE FL 32259 JACKSONVILLE FL 32259 **UUUUU**U LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3470895 Not Applicable Zip Country Zip 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 ≃Name MILAN, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 2771 BISHOP ESTATES ROAD JACKSONVILLE FL 32259 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition 810 Carlton Crt Winter Haven, FL 33884 NAME **BUDDE, DENNIS** NAME STREET ADDRESS STREET ADDRESS 228 CHAUNCER LANE CITY-ST-7IP CITY-ST-ZIP WINTER HAVEN FL 33884-2341 Delete TITLE NAME NAME MILAM, JENNIFER STREET ADDRESS STREET ADDRESS 2711 BISHOP ESTATES RD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32259 ----TITLE VPS. ☐ Delete Change TITLE ---Addition NAME **BUDDE, CHRIS** NAME 810 Carlton Cut Winter Haven, FL 33884 STREET ADDRESS STREET ADDRESS 228 CHAUCER LANE CITY-ST-ZIP CITY-ST-ZIP **WINTER HAVEN FL 33884** TITLE М ☐ Delete TITLE Addition NAME MILAM, JACK R JR NAME STREET ADDRESS STREET ADDRESS 2711 BISHOP ESTATES RD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET 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

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 904-287-**35**35
Date Dayline Phone #