


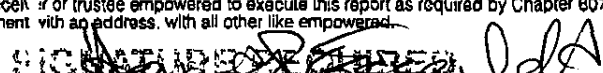


FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90098 020 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name S.E. INVESTMENTS, INC.		P98000001837				09-12-2003 90098 020 ***550.00	
Principal Place of Business 530 BURNS LANE SARASOTA FL 34236 US		Mailing Address 530 BURNS LANE SARASOTA FL 34236 US					
2. Principal Place of Business		3. Mailing Address				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State				4. FEI Number 11-3412587 Applied For Not Applicable	
Zip	Country	Zip		Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROKNECH, NICK III 1800 2ND STREET STE 901 SARASOTA FL 34236				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 submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____							
				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS							
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS
	CEO	3853 HAMILTON CLUB CIR	SARASOTA FL 34236				
	CFO	277 INDIAN HEAD RD	KINGS PARK NY 11754				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				9/3/03 631-844-6800			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			