FILED
Jul 02, 2003 8:00 am
Secretary of State
07-02-2003 90009 042 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015109

1. Entity Name
SOUTHEAST CAPITAL ADVISORS, INC.

Principal Place of Business	Mailing Address
1400 MARSH LANDING PKWY 112 JACKSONVILLE, FL 32250	1786 PROVIDENCE HOLLOW JACKSONVILLE, FL 32223

[redacted]

2. Principal Place of Business	3. Mailing Address
5000 Sawgrass Village	
Suite, Apt. #, etc.: Circle, Suite 32	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach, FL	City & State
Zip: 32082 Country: USA	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3497683 ☐ Applied For ☐ Not Applicable

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
VINING, SCOTT L 1400 MARSH LANDING PKWY 112 JACKSONVILLE, FL 32250	Name: Scott L. Vining Street Address (P.O. Box Number is Not Acceptable): 5000 Sawgrass Village Circle, Suite 32 Jacksonville FL Zip Code 32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Scott V[signature]

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST VINING, SCOTT 1400 MARSH LANDING PKWY #112 JACKSONVILLE, FL 32250	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Scott Vining 5000 Sawgrass Village Circle, #32 Ponte Vedra Beach, FL 32082	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott V[signature] 30 June 03 904 333 0254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #