

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016985

1. Entity Name
SOUTHEAST STUDIOS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90311 012 ***150.00

Principal Place of Business
277 LIVE OAK BLVD
CASSELBERRY FL 32707

Mailing Address
277 LIVE OAK BLVD
CASSELBERRY FL 32707

4407739



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FBI Number 59-3498038

Applied For
Not Applicable

Zip

Country

Zip

Country

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State

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

(Not for Registered Agent's signature required when re-registering)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PSTD
FESSLER, KIM
3389 SOUTH SAINT LUCIE DRIVE
CASSELBERRY FL 32707 ☐ Delete

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

TITLE
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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 a letter I am empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim FESSLER

x 4/19/01

x 407-699-5648

Date

Business Phone #

CR2E034 (10/00)