2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am DOCUMENT # P98000022999 **Secretary of State** SOUTHEAST DEVELOPMENT GROUP, INC. 05-16-2001 90095 046 ***158.75 Principal Place of Business Mailing Address One Las Olas Cir. ONE LASOLAS CIR. UNIT UNIT 1402 1402 FTLAUDERDALE, FL 33316 FT LAUDERDALE,FL 33316 2. Principal Place of Business 3. Mailing Address <u>340 Sunset Dr</u> sunset Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Unit 4. FEI Number Applied For LAUDERDALE 866 P 78 Not Applicable \$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 JEFFREY HARPSTER, HARPSIER CIRCLE ONE LAS OLAS O Box Number is Not Acceptable) UNIT 1402 FT LAUDERDALE, FL 33316 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 FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE Addition HARPSTER, LEFFREY 4604 NAME NAME STREET ADDRESS STREET ADDRESS LAUDERDALE, CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST- 20 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CHY-ST-76 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 13. Thereby 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.