

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

REINSTATEMENT

w/o Penalty

02-03

DOCUMENT # P98000034222

1. Entity Name

SOUTHEASTERN PENSION ADMINISTRATORS,  
INC.



FILED

03 DEC 16 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2112 SUNNYDALE BLVD

3. Mailing Address  
2112 SUNNYDALE BLVD

Suite, Apt. #, etc.  
STE. B

Suite, Apt. #, etc.  
STE. B

DO NOT WRITE IN THIS SPACE

City & State  
CLEARWATER, FL

City & State  
CLEARWATER, FL

4. FEI Number 59-3507528

Applied For  
Not Applicable

Zip Country  
33765 USA

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33765 USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name KALYN DEEGAN

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

2112 SUNNYDALE BLVD, STE. B

City CLEARWATER

FL 33765

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 *Kalyn Deegan*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/15/03  
DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE  
NAME KALYN DEEGAN, PRESIDENT  
STREET ADDRESS 2112 SUNNYDALE BLVD, STE. B  
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME RICHARD J. LOVETT, JR., VICE PRESIDENT  
STREET ADDRESS 1317 #A BUSCH BOULEVARD  
CITY-ST-ZIP TAMPA, FL 33612

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000025555480  
12/17/03--01001--012 \*\*300.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE *Kalyn Deegan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/03  
Date

727-445-9770  
Telephone #



October 24, 2003

Department of State  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399  
Attn.: Susan Pane  
(850) 245-6901

Penservco, Inc.  
2112 Sunnydale Blvd. #B  
Clearwater, FL 33765  
(727) 445-9770

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RE: Reinstatement of Southeastern Pension Administrators, Inc., EIN 59-3507528,  
Doc. # P98000034222 for merger with Penservco, Inc.

Dear Susan Pane,

Please find enclosed a check made out to the Department of State, Florida in the amount of \$300.00, the annual report fees for the years 2002 and 2003.

Additionally, we request a waiver of the \$600.00 reinstatement fee because we never received notice of the company's dissolution.

Lastly, please continue processing our Articles and Plan of Merger such that, Southeastern Pension Administrators, Inc.'s stock will be canceled and Penservco, Inc. will be the surviving corporation.

Thank You,



Kalyn Deegan  
President

cc/Jeff Werner, CPA