

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061039

1. Entity Name

SOUTHEAST INTERNET, INC.

Principal Place of Business

Mailing Address

98 MIRACLE STRIP PKWY SE. #201
FORT WALTON BEACH FL 32548

98 MIRACLE STRIP PKWY SE. #201
FORT WALTON BEACH FL 32548-5876

2. Principal Place of Business

3. Mailing Address

99 Eglin Pkwy
Suite, Apt., etc.
24

99 Eglin Pkwy
Suite, Apt., etc.
24

City & State

City & State

Fort. Walton Bch. FL

Fort. Walton Bch. FL

Zip
32548

Country
US

Zip
32548

Country
US

4. FEI Number

59-3531270

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

SMITH, JOHN R

98 MIRACLE STRIP PKWY SE, #201
FORT WALTON BEACH FL 32548

Name

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

99 Eglin Pkwy Unit 24

City

FL

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)

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	V	<input type="checkbox"/> Delete
NAME	LEFEBURE, BERNIE	
STREET ADDRESS	113 VIRGINIA DR	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASSON, EDMUND	
STREET ADDRESS	1322 BLUEBERRY LN	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, DEBRA	
STREET ADDRESS	225 MARSHALL DR	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASSON, SHEILA	
STREET ADDRESS	1322 BLUEBERRY LN	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, JOHN R	
STREET ADDRESS	225 MARSHALL DR	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Smith

4/27/00

Date

850-664-7802

Daytime Phone #

CR2E034 (9/99)