2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000087548** May 08, 2000 8:00 am Secretary of State 1. Entity Name SOUTH EAST MOBILE AUTOMATION CORPORATION 05-08-2000 90054 038 ***150.00 Mailing Address Principal Place of Business 882 COLONIAL RD. PO BOX 1037 HAVANA FL 32333 HAVANA FL 32333-1037 DBB# GBB 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3536596 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURTON, ARTHUR HENRY JR Street Address (P.O. Box Number is Not Acceptable) 882 COLONIAL RD HAVANA FL 32333 Zip Code City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. 12. Change ■ Addition ☐ Delete TITLE TITLE Syble C. BURTON 882 GLONIA I DR. NAME BURTON, HENRI A NAME 882 COLONIAL RD STREET ADDRESS STREET ADDRESS HAVANA, F1. 32333 CITY-ST-ZIP CITY-ST-ZIP HAVANA FL 32333 SUSAN B. DARdEN Rd. Addition ☐ Delete ☐ Change TITLE TITLE NAME BURTON, SYBLE C NAME STREET ADDRESS STREET ADDRESS 882 COLONIAL RD TAILAHASSEE, FL. CITY-ST-ZIP CITY-ST-ZIP HAVANA FL 32333 ☐ Delete ☐ Addition TITLE ☐ Change TITLE STRANGE, RANDALL L NAME NAME STREET ADDRESS 101 JOYNER ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDWAY FL 32343 ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chande □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2000 (850) 539-8300

Daytime Phor