

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P98000106959

1. Entity Name

SOUTHEAST DIGITAL DESIGN, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-08-2000 90203 008 ***150.00

Principal Place of Business

Mailing Address

8334 ROCKBRIDGE DR.
JACKSONVILLE FL 32244

8334 ROCKBRIDGE DR.
JACKSONVILLE FL 32244

2. Principal Place of Business

9951 Atlantic Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 120

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number

59-3549188

Applied For

Not Applicable

Zip

32225

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENX JAMES
8334 ROCKBRIDGE DR.
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name
James J. Fesco
Street Address (P.O. Box Number is Not Acceptable)
9951 Atlantic Blvd.
Suite 120
City
Jacksonville FL Zip Code
32225

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]

James J. Fesco

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	STEPHENX JAMES	8334 ROCKBRIDGE DR.	JACKSONVILLE FL 32244	
	FESCO, JAMES	8334 SPICEWOOD DR.	JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D, P, VP	James J. Fesco	9951 Atlantic Blvd., Suite 120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

[Signature] James J. Fesco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 722-3536

Date

Daytime Phone #

CR2E034 (9/99)