

DOCUMENT # P99000005628

1. Entity Name

SOUTHEAST DEALER ACCEPTANCE, INC.

Principal Place of Business

TWO PRESTIGE PLACE
2650 MCCORMICK DRIVE, STE. 185
CLEARWATER FL 33759

Mailing Address

TWO PRESTIGE PLACE
2650 MCCORMICK DRIVE, STE. 185
CLEARWATER FL 33759

2. Principal Place of Business

4500 140th AVENUE NORTH

3. Mailing Address

PO BOX 17129

Suite, Apt. #, etc.

#220

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33762

Country

USA

Zip

33762

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0888659

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DAVISSON, DERRI

2650 MCCORMICK DRIVE, STE. 185
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

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

4500 140th AVENUE NORTH

SUITE 220

City

CLEARWATER

FL

Zip Code

33762

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

1-4-01

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, 2001 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 PD
NAME DAVISSON, DERRI
STREET ADDRESS 2650 MCCORMICK DRIVE, STE. 185
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

TITLE STD
NAME MILLER, J. STEPHEN
STREET ADDRESS 2650 MCCORMICK DRIVE, STE. 185
CITY-ST-ZIP CLEARWATER FL 33759 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 4500 140th AVENUE NORTH #220
CITY-ST-ZIP CLEARWATER FL 33762 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-01 727-536-5966

CR2E034 (10/00)