

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90178 009 \*\*\*150.00

DOCUMENT # P99000007920

1. Entity Name  
**SOUTHEAST CONSTRUCTION INSPECTION SERVICES, INC.**

Principal Place of Business      Mailing Address  
 4209 U.S. 90 WEST      4209 U.S. 90 WEST  
 LAKE CITY FL 32055      LAKE CITY FL 32055

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3558767**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**BOWYER, HARRY**  
**1849 NW C.R. 138**  
**BRANFORD FL 32008**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 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 *Barbara Louise Bowyer*      **3/20/00**  
 Signature typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE **3/20/2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARROLL, ROBERT P</b>	
STREET ADDRESS	<b>4209 U.S. 90 WEST</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOWYER, HARRY</b>	
STREET ADDRESS	<b>1849 N.W. C.R. 138</b>	
CITY-ST-ZIP	<b>BRANFORD FL 32008</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BONNIE BOWYER</b>	
STREET ADDRESS	<b>1849 NW CR 138</b>	
CITY-ST-ZIP	<b>BRANFORD FL 32008</b>	
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		
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 all other like empowered.

SIGNATURE: *Barbara Louise Bowyer*      Pres.      **3/20/2000**      **(904) 935-6655**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E014-11A R1