FILED Mar 26, 2001 8:00 am Secretary of State 03-26-2001 90057 028 ***150.00 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900032881

SOUTH EAST SET-UP CORP.

Principal Place of Business

Mailing Address

300 W INDUSTRIAL AVE 03 BOYNTON BEACH FL 33426			1300 W INDUSTRIAL AVE 103 BOYNTON BEACH FL 33426				(1)	.	,	732	297	3	ini (184 185)		
2. Principal P	lace of Business		3. Mailing Address												
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE								
City & Stat	e		City & State				4. FEIN	Number	65-091	1939	-	⊢	plied For at Applicable		
Zip Country			Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required								
	6. Name and Ad	Idress of Current F	legistered Agent				7. Nam	e and A	ddress of l	lew Reg	gistered	Agent			
-135	ING, DOUGLAS YACHT CLUB WA OLUXO FL 93462	Y #20 5		Street Address				(P.O. Box Number is Not Acceptable) Ave. #/03 Windustrial Ave. #/03 HON Beach FL Zip. Code 333426							
8. The above	named entity submi		the purpose of changing its			registered		or both,					¥ 69 10		
Tax filing (See crite	oration is eligible to s requirement and elec ria on back)	atisfy its Intangible	FILE NOW! After MAY 1, 20 Make Check Payab	01 Fee v	will be \$5	50.00		Trust	ion Campai Fund Cont	ribution.	- 1		O May Be I to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLAND, AND 1300 W INDUST BOYNTON BEAC	(RIAL AVE # 103	☐ Delete	TITLE NAME STREE			ADDIT	1014070	IANGEST	5 01110	<u> </u>	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Young, Dougl 135 Yacht Clu Hypoluxo FL:	AS IB Way #205	☐ Delete			1300 1300 1300	w.	12g	ustri Bch			3342	6		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHERLE, CARO 1300 W INDUST BOYNTON BEAC	OL RIAL AVE #103	name (change)	NAME STREE		€a@ 1300 1300	w '	Ind Holl	land Ustri Bun	al F	Are 1				
TITLE NAME STREET ADDRESS, CITY-ST-ZIP	P GRASSINI, MIKE 1300 W INDUST BOYNTON BEAC	RIAL AVE #103	☐ Delete			7				-,		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO IN OR BEAU	CLL. IN COLLEGE	· Delete									☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2		☐ Delete									☐ Change	☐ Addition		
indicated of the co	d on this report or sup	plemental report is ver or rustee empo	this filing does not qualify for true and accurate and that n wered to execute this report ith all other like empowered.	ny signati as requir	ure shall h	ave the sa	me lega	il effect a	as if made i	ınder oa	ith: that I	l am an officer	or director r Block 12 if		