

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90136 019 ***150.00

0647627 SP

DOCUMENT # P99000055286

1. Entity Name

R.C.A. SOUTHEAST, INC.

Principal Place of Business

Mailing Address

**181 CRANFORD BLVD
BOCA RATON FL 33432****181 CRANFORD BLVD
BOCA RATON FL 33432**

Note: Corrections made to spelling of Street Name

2. Principal Place of Business

181 Crawford Blvd

Suite, Apt. #, etc.

3. Mailing Address

181 Crawford Blvd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

22-3662869

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BURKE, LEE
181 CRAWFORD BLVD.
BOCA RATON FL 33432**

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

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, 2002 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 ☐ Delete
NAME **PD HENRY, JAMES**
STREET ADDRESS **181 CRANFORD BLVD- Crawford Blvd**
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE ☐ Delete
NAME **VD BURKE, LEE**
STREET ADDRESS **181 CRANFORD BLVD- Crawford Blvd**
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE ☐ Delete
NAME **TD SKOWRONSKI, JOSEPH**
STREET ADDRESS **181 CRANFORD BLVD- Crawford Blvd**
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE ☐ Delete
NAME **SD HARTMANN, THOMAS**
STREET ADDRESS **181 CRANFORD BLVD- Crawford Blvd**
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Director Cook, Scott**
STREET ADDRESS **181 Crawford Blvd**
CITY-ST-ZIP **Boca Raton, FL 33432**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Scott Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/2002 561.392.6885
Daytime Phone #

CR2E034 (9/01)