

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90065 012 ***150.00

DOCUMENT # P99000066842

1. Entity Name
SOUTHEAST MANUFACTURING INC.

Principal Place of Business 8802 CORPORATE SQUARE COURT SUITE 208 JACKSONVILLE FL 32216	Mailing Address 8802 CORPORATE SQUARE COURT SUITE 208 JACKSONVILLE FL 32216-1982
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Jacksonville, FL Suite, Apt. #, etc. 208 Suite	3. Mailing Address 8802 Corporate Square Ct Suite, Apt. #, etc.
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City & State Jacksonville	City & State FL	4. FEI Number 59-3589480	Applied For <input type="checkbox"/> Not Applicable
Zip 32216	Country USA	Zip 	Country
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required.	

6. Name and Address of Current Registered Agent WRIGHT, DONALD E 8802 CORPORATE SQUARE COURT SUITE 208 JACKSONVILLE FL 32216	Robert A. Butts 8802 Corp. Sq. Ct. Suite 508 Jax., Fla. 32216	7. Name and Address of New Registered Agent Name Donald E Wright Robert A. Butts Street Address (P.O. Box Number is Not Acceptable) 8802 Corporate Square Ct Suite 208 City Jacksonville FL Zip Code FL
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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 Donald E Wright Robert A Butts 4/24/00 1/10/00
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. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Philip Montbress 2508 St John Blvd Jacksonville Beach, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Donald E Wright 728 Kashmir Dr Jacksonville, FL 32211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO. Robert Butts 727 Kashmir Dr Jacksonville FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO. Gregory Montbress 2508 St John Blvd Jacksonville Beach, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Donald E Wright **REQUIRED** 1/10/00 (904) 721-6401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)